

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

**Minutes**

January 10, 2019 1:30PM-4:30PM  
710 Kipling, 3<sup>rd</sup> floor conference room

**ATTENDEES:**

**TASK FORCE MEMBERS**

Joe Pelle, Chair, Boulder County Sheriff  
Abigail Tucker, Community Reach Centers  
Jamison Brown, Colorado Jail Association  
Jagruti Shah, Office of Behavioral Health (on the phone)  
Megan Ring, Public Defenders' Office  
Norm Mueller, Defense Bar  
Nancy Jackson, Arapahoe County Commissioner  
Patrick Costigan, 17<sup>th</sup> JD District Attorney's Office (on the phone)  
Frank Cornelia, Colorado Behavioral Healthcare Council (on the phone)  
Judge Chris Bachmeyer, District Judge, 1<sup>st</sup> Judicial District  
Tina Gonzales, Beacon Health Options  
Dr. Sasha Rai, Denver Jail Research (on phone)

**ABSENT**

Cynthia Grant, AllHealth Network  
Benjamin Harris, Department of Healthcare Policy and Financing  
Charles Smith, Substance Abuse and Mental Health Services Administration

**STAFF**

Richard Stroker, CCJJ Consultant  
Kim English, Division of Criminal Justice  
Laurence Lucero, Division of Criminal Justice  
Stephane Waisanen, Division of Criminal Justice

**ADDITIONAL ATTENDEES**

Vincent Atchity, Equitas Project

<p><b>Issue/Topic:</b> Welcome and Introductions</p>	<p><b>Discussion</b></p> <p>Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and asked Task Force members and attendees to introduce themselves.</p>
<p><b>Issue/Topic:</b> Recap of December meeting</p>	<p><b>Discussion</b></p> <p>CCJJ Consultant Richard Stroker started the meeting with reference to Recommendation FY19-MH #01. There has been a lot of discussion about developing and promoting partnerships between jails and hospitals. Abigail has been leading the effort, with this group's involvement, to try and formulate a recommendation that outlines our interest and clarifies the reasons we are pursuing this.</p> <p>Richard stated that the primary order of business today is to review the recommendation and vote on it. If approved, it will be presented as a preliminary recommendation to the Commission at its meeting on Friday and voted on in February.</p> <p>Abigail had mentioned that, after the feedback from this group in December, references to competency and restoration were removed. I believe this modification gives it more clarity. This is also a larger issue that could not be addressed in this recommendation, so it has been removed. We then focused on the funding aspect and outlined some of the roles for the administrative oversight agency.</p>
<p><b>Issue/Topic:</b> Review Final Recommendation and Vote</p>	<p><b>Discussion</b></p> <p>Richard asked the group to take a few minutes to read over the recommendation. He mentioned that there were two things that he and Laurence added. He stated that the document was vague about identifying funds and an administrative oversight entity, and maybe these could be discussed today.</p> <p>Task force members reviewed Recommendation FY19-MH #01 and made several modifications to the document.</p> <p><i>Are the 100 beds on any given day or over a course of a year?</i></p> <p>Abigail stated that the <i>100 beds</i> estimate was used because there are not hard numbers regarding how many would be needed. We have bits of information, but nothing definitive.</p> <p>Jamie believed that the 100 beds estimate was over the course of a year.</p> <p>As mentioned earlier, Richard and Laurence had made two suggested revisions to the document. Richard stated that the group was asking for money from the state that without identifying a specific amount. The new language references the need for additional state resources.</p>

<p><b>Issue/Topic:</b> Review Final Recommendation and Vote (continued)</p>	<p>The second suggestion was that the group might want to identify the administrative oversight entity that would also need additional resources to manage the duties that have been specified. He proceeded to ask the group if they wanted to identify a specific entity.</p> <p>Abigail stated that the total of \$1M would serve as an upfront cost that would cover creating positions and onboarding new employees in rural hospitals. Bigger hospitals like Denver Health already have established professionals. The problem is that the upfront costs are so high in creating these positions. It takes time for Medicaid to subsidize staffing costs and the funds needed to run a unit. Ben suggested to ask for a larger amount because there is such a delay that the hospital would have to use state funding for six months until the hospital receives reimbursement from Medicaid. There also needs to be funding to cover the gaps that Medicaid will not cover. The group decided to put cost information in a footnote.</p> <p>Richard asked the group if they felt okay about how they were leaving vague the fiscal requirements. The response was yes by all members.</p> <p>Abigail mentioned that leaving out an administrative entity was intentional so that the state could decide who it wanted to use.</p> <p>At the last meeting there was a discussion from moving from a statewide solution to a pilot program. There was a suggestion of starting with two pilot programs, one urban and one rural.</p> <p><i>Should we keep it as a pilot and create four rather than two? Two urban and two rural?</i></p> <p>Richard suggested the group start with two pilot programs and if successful could move to four.</p> <p><i>Are a hundred people going to be served in these two pilots?</i></p> <p>Abigail mentioned that the group is acknowledging that there are a hundred people in immediate need of placement. Unfortunately, we do not know how many in this population will need to be accommodated in the pilots. There is no data to support approximately how many beds will be needed; we are saying less than a hundred.</p> <p>The recommendation was amended according to the discussion, and it was unanimously approved by Task Force members.</p>
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<p><b>Issue/Topic:</b> Future Study Topics</p>	<p style="text-align: center;"><b>Discussion</b></p> <p>Richard discussed remaining business items with the focus on whether or not we want to undertake additional areas of study.</p> <p>Sheriff Pelle said he was uncertain whether or not he wanted to explore new issues.</p>
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<p><b>Issue/Topic:</b> Future Study Topics (continued)</p>	<p>He stated that the Task Force has an existing pilot program underway for diversion that is still in the early implementation phase in Boulder (these pilots are from Senate Bill 18-249, which folded in earlier recommendations from the Task Force). The implementation took longer than anticipated, documenting policies, procedures and job descriptions. He stated that these pilots (based on former recommendations) need to be monitored and studied for possible outcomes. Is there a role for the Task Force here? I am not sure we would need to meet every month.</p> <p>Norm Mueller mentioned that other task forces go on hiatus and then reconvene after a short time. He thought that this group would most likely identify additional study areas of study given that mental health is a major issue being discussed by the legislature.</p> <p>Megan Ring brought up her concern about places like the CDHS' Ridgeview Academy project that will be implemented for competency restoration without a continuum of care back to the community, and also the overall lack of community resources. We need to come up with a way to help individuals during competency procedures and transition these individuals out of the jails and into housing and community-based care. She suggested that maybe this group could look at this as a future topic.</p> <p>Sheriff Pelle also mentioned Ridgeview and the plans to convert those 266 beds to competency restoration. Civil commitment beds are being eliminated for forensic beds. They are not taking civil commitments and currently there is no plan for transition or continuing care.</p> <p>Abigail concurred with Sheriff Pelle. It is a concern that civil beds might be eliminated. This would be a great time to get a better understanding of competency for discussion regarding future recommendations.</p> <p>Megan mentioned that when we don't have civil commitment beds for people in crisis, they may end up in the criminal justice system. Also, an individual in crisis could be sent to Pueblo on an NGRI (not guilty by reason of insanity) and there are complicated issues related to competency and restoration. This could also be another topic to be explored.</p> <p>Judge Chris Bachmeyer stated that the criminal justice resources are being wasted because it is difficult to keep individuals competent. There should be a mechanism at the state hospital that acknowledges that the individual is not competent, but can be restored. This would alleviate the individual from going from the hospital to the jail and back again. This is an issue that I would like to look at.</p> <p>Richard suggested that if the Task Force does not meet in February and reconvenes in March we could look at the particular issues discussed today. This would give us a starting point and help the group to think about the next action items.</p>
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<b>Issue/Topic:</b>	<b>Discussion</b>
Next Steps and Adjourn	<p>Sheriff Pelle and Richard thanked everyone for their hard work and stated that the preliminary recommendation would be presented to at the CCJJ meeting on Friday.</p> <p>It was agreed upon--if CCJJ doesn't send the recommendation back to the Task Force on Friday for further work--to take a hiatus in February.</p> <p>Richard asked the Task Force to continue to think of future topics that can be discussed at the March meeting.</p>

**Next Meeting**

March 7, 2019

1:30pm – 4:00pm

710 Kipling, 3<sup>rd</sup> floor conference room