Commission on Criminal and Juvenile Justice

Minutes

March 13, 2009
Colorado State Patrol Academy, Building 100

Commission Members Attending:

Peter Weir, Chairman	Ari Zavaras	Dean Conder
Peter Hautzinger	Jeanne Smith	J. Grayson Robinson
Bill Kilpatrick	Ellen Roberts	Regina Huerter
Inta Morris	Don Quick	Debra Zwirn
Regis Groff	Steven Siegel	Doug Wilson
Reo Leslie, Jr.	Gilbert Martinez	David Michaud
Tom Quinn		

Absent: David Kaplan, John Suthers, Rhonda Fields, Karen Beye, Claire Levy, John Morse, Mark Scheffel

Guests: Jeannie Ritter, Mike Jones, David Stephens, Todd Helvig, Glenn Tapia, Charlie Smith, Janet Wood, Harriet Hall, Stephen Kopanos, George DelGrosso, Louise Boris, Carmelita Muniz, Doyle Forrestal, Nita Brown, Jeanne Rohner, Paul Siska, Leslie Herod, Andy Keller

Call to Order and Opening Remarks:

The Chairman, Peter Weir, called the meeting to order at 1:12 p.m. Peter Weir asked the assembled members to identify themselves and the organizations they represent.

This session reflects recognition by the Commission that there are some fundamental overarching issues facing the criminal justice system. One of those overarching issues is mental health. There are two panels that will be heard today. The first panel consists of members in the criminal justice system and they will discuss the issues faced in the system. The second panel consists of mental health providers who will give their observations they have formed while working in the area of mental health.

PANEL ONE

Police: Bill Kilpatrick, Golden Police Chief

- Training and funding for CIT
- Alternatives available to police officers: Do nothing, 72-hr. hold, or jail.
- Complications of co-occurring disorders
- Lack of options for those who do not need a hospital, but do need help
- Need for crisis services

Chief Kilpatrick provided the police officer's perspective: When a police officer or sheriff's deputy makes contact with an individual, do they recognize the person is in the midst of a mental health crisis? Crisis Intervention Training is a 40 hour class that officers are given so they can recognize mental health issues. Police officers have limited options on how they handle someone having such a crisis. They can do nothing, place the individual in a 72-hour mental health hold or arrest them.

A mental health hold is done if the individual is perceived to be a danger to himself or to others. Emergency room personnel focus on medical conditions that need treatment. After addressing any medical conditions, doctors then evaluate if the individual. Usually the individual is found not to be a danger to himself or to others and is released. The third option is to arrest someone and put them in jail.

In addition to offering Crisis Intervention Training (CIT) to officers, Chief Kilpatrick also suggested a Metro Area Triage Mental Health project where individuals in crisis can be taken, evaluated and properly treated. Funding for such a Triage Center is an issue.

Jail (County): Grayson Robinson, Arapahoe County Sheriff

- Recidivism or the revolving door problem (County jails: *De facto* MH institutions)
- Cost of care of IMIs compared to non-MIs (roughly 1/2 to 1/3 higher)
- Jail staff not typically qualified to manage unique challenges of IMIs

Sheriff Robinson's focus is on the effects of mental illness in the jail setting. The local jails have become the mental health institutions of the country. Jails do an immediate mental health evaluation on the inmates and ensure they get adequate rest, medication and food. The inmates have adult supervision. It costs $68.32 to house an inmate in the facility. It costs $112.50 if the person is suffering a mental health issue. The average length of stay for an inmate is 28 day unless they are suffering BHIs. Then their average length of stay is 102 days.

Once an inmate has bonded out, the individual is back in the community with no medication, rest or food. The only alternative the street officer has is to put the person back into the system. We need to do something different to stop the cycle. There is no way that police officers are equipped to handle the issue. They are not trained for it. This is a critical challenge facing the jails.

Pre-Trial Services: Mike Jones, Manager, Criminal Justice Planning, Jefferson County

- IMIs may be unavailable for pre-trial assessment interviews due to housing restrictions or behavior problems (affecting bond conditions)
- IMIs provide unreliable information (affecting bond conditions)
- During pre-trial, indigent IMIs have more difficulty managing and, consequently, will penetrate the system further resulting in greater expense
- IMIs have greater difficulty following instructions resulting in poor compliance thus requiring more time, assistance and other supervision resources from staff

Mr. Jones presented the perspective of workers in the pre-trial area. Pre-trial staff cannot always interview individuals with mental health issues. The individual may be in special housing or may not be able to communicate. When the defendants are interviewed, they may not give correct information. They may not provide a contact person that can verify the information. If the pretrial interview and risk assessment isn't done or is inaccurate, it can handicap the courts. The judge must set the bond without the complete information that would have been given during the interview. The cumulative effect of that is that these defendants will stay in jail longer.

Defendants are also put under pre-trial supervision. If a defendant with mental health issues cannot afford the medication, his symptoms persist or can worsen. This may make the individual commit new crimes. At the minimum, they cannot comply with conditions of supervision and they often do not make the court dates.

Mentally ill defendants take more time and resources of pre-trial staff.

Courts: Gil Martinez, Chief Presiding Judge, 4th Judicial District, Colorado Springs

- Insufficient placement and treatment options, especially in rural area, for both in- and out-patient services
- Monitoring and management of patient medications (and restoration) increases jail time
- Inmate movements causing disruptions in medication coordination (e.g., to and from Colorado Mental Health Institute)
- Problem of provision of resources for patients who are in county jails for a significant period of time.
- Additional resources are needed by the probation department to work with clients

Judge Martinez presented the Court's perspective. There are several problems the Courts face. First, there is a shortage of appropriate treatment providers for inpatient and outpatient. Low income individuals have problems getting into treatment because of money issues. If they can get in, there is a waiting list. There are more treatment centers in urban areas than in rural areas. There is little or no treatment for middle income individuals. With people losing their jobs they lose their insurance and the ability to pay for treatment.

How do you monitor medications when individuals come in? When arrested, the individual is not carrying their medications. Then you have a person in the jail without medication.

There are problems with coordination between the Colorado Mental Health Institute and the jail. There is also the need for better education, both for probation officers and judges.

Prosecution: Pete Hautzinger, District Attorney, 17th Judicial District

- Prosecutors attempt to identify those with genuine mental illness issues for intervention to avoid incarceration unless a threat to self or others requires incarceration
- Lack of a legal mechanism to get early mental health evaluations early in the process
- Difficulty in differentiating for the public and press the difference between individuals who have committed a "crazy" (unreasonable) act and those who are not legally responsible for their behavior.

The prosecutors' ethical duty is to seek justice, to promote and enhance public safety. It is difficult to strike the balance. If by treating the mental health issue, the prosecutor knew that it would treat the criminal behavior, then prosecutor would be on board. The problem from the prosecutorial side is determining who has mental health issues. Prosecutors are handicapped because they cannot talk to the defendants. Is the mental health issue related to substance abuse? It may be obvious to the police officer, prosecutor and judge that there is an issue, but they are not trained to do an evaluation, so the person ends up in jail. Eventually the defense attorney gets on board but time has lagged while the individual is sitting in the jail.

Defenders: Doug Wilson, State Public Defender

- The "Revolving Door" of continuity of care, including medication changes.
- Inadequate intervention while incarcerated.
- Lack of community resources for the poor who have been convicted of a crime.
- Lack of quality experts that will work for a $100.00 per hour limit.
- Lack of dual diagnosis beds.

The Public Defender's Office touched 100,000 cases last year and the majority of them have mental health and substance abuse issues. The biggest problem is the revolving door. We can get people medicated, sent to the hospital and evaluated. Sometimes they come back to the jail with different medications or the medications cannot be obtained. People begin to deteriorate. If they go back on the street, they don't take their medications.

What do you do with duel diagnosis folks? What do you do with people who suffer with a developmental disability and mental health issues?

Competency and sanity cases get the most press. Anything the defense does that relates to the mental health of the defendant is ultimately turned over to the prosecutor and could potentially be used against him/her. The defense has an obligation to protect the individual and their mental health issues. Thus, there is an inherent conflict for the defense in whether to get a proper evaluation of the defendants needs and the concern over whether to do so would ultimately hurt his/her case.

Ultimately when they are in post sentencing, the availability of treatment and beds is abysmal. It is clearly an issue contributing to recidivism.

Probation: Tom Quinn, Director of Probation Services

- Lack of treatment options (especially in rural areas).
- Case management is not sufficiently individualized, linked to assessment.
- Lack of fidelity to EBP on the part of treatment providers.

Mr. Quinn stated the lack of treatment options in rural areas is an issue as well as the distances required to travel to receive treatment. Confidentiality issues also slow things down.

There are case management issues. The case workers do not have adequate training. They are trained once a year which is not enough to develop good case management with the medical restrictions.

Probation strives for fidelity to evidence based practices. However, there is no way of validating the programs they refer their clients to.

Department of Corrections: Dr. David Stephens, Chief of Behavioral Health, Clinical Services

- Cross-system communication difficulties - obstacles getting information from community treatment agencies or jail systems regarding offenders with mental illness/co-occurring disorders
- Re-entry difficulties - obstacles transitioning offenders with mental illness/co-occurring disorders to community treatment providers following incarceration in the DOC
- Differential medication management from the community, to jail, to DOC
- Comprehensive training for DOC officers (custody and parole) on specialized information and skill-set necessary to manage offenders with mental illness/co-occurring disorders (e.g. criminogenic needs, motivational interviewing and enhancement, CIT, etc.)
- Treatment challenges in the correctional environment [See "Complete" for details]

The definition of behavioral health in DOC includes mental illness, substance abuse, and sex offender issues. DOC is one point in the continuum of care because it provides treatment and services to offenders while in their care.

There are cross-system communication issues: The information from county jails or from community hospitals is difficult to obtain. 19% of inmates have several mental illnesses. By the closing of services in community hospitals, there will be more mentally ill persons placed in the system. DOC has to classify them and come up with a treatment plan.

When DOC looks at the re-entry of an inmate with mental illness, they need to know the available resources in the community. DOC works to ensure the offender is evaluated and placed in the appropriate treatment center after leaving DOC. But sometimes they may not have access to where services are located or how to get an offender into them. DOC also works to ensure follow-up medication and treatment plans are in place before the offender leaves DOC. If it is not set up prior to leaving DOC, the offender does not follow through, relapses and recidivates.

Dr. Stephens advocated for comprehensive medication management. There is a need to identify formularies with County jails, so if an offender is on a medication that is working for him/her, DOC can keep the effective formulary and the offender remains stable.

Parole: Dr. Todd Helvig, Manager, Community Mental Health Services

- Limited comprehensive case management to facilitate continuity of care (those invested in the oversight of these cases) for mentally ill offenders throughout the criminal justice system
- Non-specific behavioral health links to community resources for mentally ill offenders.
- Medication – continuity, resources, availability
- Limited formal specialized training for Community Parole Officers and Re-entry Specialists regarding specialized skill-set to facilitate their management of mentally ill offenders (i.e., Motivational Interviewing/enhancement, CIT)
- Behavioral health system gap in oversight of mentally ill offenders who have been placed on involuntary medications while incarcerated and, consequently, parole or discharge without any required follow-up or case management
- Lack of parole resources to manage specialized caseloads that are complex and intensive requiring time, knowledge, and specialized skill set, especially for the most complex cases (homeless sexual offenders with mental illness and dev. disability)

When folks go out to parole, they face many stigmas. For each stigma that you add, fewer resources are available in the community. There is an inverse relationship between needs and resources. The highest risk offenders are coming out of DOC with the least amount of services available to them. There are offenders that are on involuntary medications for years. The statute for those medications ends when they leave DOC. There isn't anyone out in the community that is responsible to see that the offender continues to take their medications. How are we going to have those services in place for the most complex cases? There is a need for continuity of resources and care. There is not an entity that stays with a person as they go through the criminal justice system and out again. Each entity that comes into contact with the offender performs a new evaluation. Medications can change that may not be effective. There is a need for consistency.

DOC staff needs to be given Crisis Intervention Training (CIT) as well as motivational training to better be able to deal with individuals in crisis.

Community Corrections: Glenn Tapia, Training and Evaluation

- The cost of evidence-based treatment for offenders with serious mental illness is substantial, whether delivered to persons transitioning from prison or being diverted to community corrections.
- Treatment efforts must effectively address the many offenders with serious mental illness who also suffer from co-occurring disorders of substance abuse.
- While many offenders have similar BHIs, it can be challenging to adequately assess felons as individuals and to place them in programming that will appropriately address individual criminogenic and behavioral health needs.

Community Corrections faces several challenges when dealing with mental health issues, including the cost of mental health treatment and the quality of treatment and placement. There

are 36 community correction facilities throughout the state. 25% of their clients have mental health issues. Community correction inmates are expected to work. However, it is more difficult for offenders with mental illness to get employment. Additionally, they are more expensive to treat.

Community Corrections have some specialized beds for offenders with mental health issues. These individuals also often have substance abuse issues. It is hard to find treatment providers that can deal with both issues.

When they come to Community Corrections, they have already been screened by many entities, and the case management is not always as individualized as it should be.

Victims: Steven Siegel, Victim Representative, 2nd Judicial District

- Offenders with BHIs often are unable to comply with court dictates, leaving the victim without a sense of justice, a sense of safety from further victimization, or a reasonable likelihood of receiving restitution.
- Offenders with BHIs often have inadequate resources for treatment and support increasing the potential for the negative consequences in the previous point.
- Offenders with BHIs who victimize individuals with BHIs create a complex circumstance for law enforcement and the courts jeopardizing justice, accountability, and victim/community safety.
- Victims of crime with BHIs face myriad recovery challenges.
- Victims of crime who develop BHIs due to their victimization face significant challenges creating a "new normal" in the aftermath.

When the victim of a crime actually starts with a behavioral health problem and then needs to deal with the victimization, resources are limited. Victims of crime that didn't start with any BHIs face significant issues in finding the "new normal." The criminal justice system's main focus is on the offender and the victim is left without a sense of justice, a sense of safety or without the ability to receive restitution.

Department of Human Services, Division of Behavioral Health: Dr. Charlie Smith, Division Deputy Director

- Justice system penetration due to inadequate funding of community-based mental health and substance abuse treatment services, insufficient diversion efforts, and a lack of standardized behavioral health screening in jails
- Community-based behavioral healthcare should be more easily accessible, coordinated with the criminal justice system, and staffed with a sufficient workforce
- Transition to the community is limited by the lack of personal identification, healthcare benefits, employment/training opportunities, housing, and family re-unification and social supports
- The "not in my backyard" (NIMBY) problem is aggravated by system illiteracy, discriminatory behavior and stigmatizing attitudes

Dr. Smith outlined several points: The system is inadequately funded. The efforts for diversion are insufficient allowing for more individuals to go into the system than would have if there were

adequate opportunities for diversion. More people can get benefits from Crisis Intervention Team training. There is a need for mental health courts and a need for a standardized behavioral health screening instrument. There is inconsistent coordination between the criminal justice system and the behavioral health system. Confidentiality is a problem. The behavioral health specialist workforce is insufficient.

Transition is a huge obstacle. Identification issues are there for those re-entering the community. How do they obtain medical benefits that were terminated upon incarceration? The suspension bill helped with this issue. There are limited employment and training opportunities. There are insufficiencies in housing capacity and family reunification efforts.

PANEL TWO

Department of Human Services, Division of Behavioral Health: Janet Wood, Division Director

- Maintain and grow resources targeted to offenders with BHIs.
- Ensure quality services for offenders with behavioral health needs through improved licensure guidelines and monitoring and program reporting.
- Create mechanisms to ensure real-time (web-based) feedback regarding supervision and treatment of offenders.
- Interagency work towards overall system improvement.

The system gets in the way of people getting services. There should be a dedicated funding source for people who are in need. There are funds in the state that are not completely utilized and are given back to the state. There is not an adequate amount of providers in all parts of the state.

The Division of Behavioral Health uses licensing and contracts to ensure quality care for offenders. They are looking at possibly having co-occurring licensure. While they have specific programs for offenders, not all agencies refer to the correct program. Supervision and treatment with DUI offenders has been successful.

The Division is creating a web-based system where caseworkers treating DUI offenders are able to see how the offenders are doing. Treatment providers were frustrated because they would inform a probation officer that the offender had violated the treatment plan. The probation officers would not be responsive. On the other side, probation officers were frustrated with treatment providers because the information was getting to them late. Now they have an on-line system with real-time information so the information can be communicated quickly.

Mental Health Planning and Advisory Council: Dr. Harriet Hall, MHPAC Subcommittee Co-Chair

- No loss of Medicaid when incarcerated
- Funding for evidenced-based programs that provide a link/warm hand off between jail services and community based services

- Support and funding for Crisis Intervention Team models of care that includes a behavioral health case management component allowing follow-up to CIT police officer intervention.

The Council exists because of federal statutes. The Planning and Advisory Council has specified membership: 50% is made up of consumers, families and advocates. The other 50% is made up of state workers and others who work in the system. The Council has 40 members, but they are thin on criminal justice representatives. The Council votes on its funding priorities. During the last few years, their priority has been recidivism reduction.

One issue is that inmates are pulled off the Medicaid system while they are in prison. It takes up to two years to get back on to Medicaid and get insurance. The suspension bill had potential to help with this issue, but has not yet been implemented.

The council is also interested in Crisis Intervention Teams and Triage services.

Mental Health and Substance Abuse Roundtable: Stephen Kopanos, Chair

- Address the issue that there are hundreds of trained CIT officers, but an acute lack of appropriate beds for those identified as having mental health or substance abuse issues.
- Improve current funding mechanisms and treatment access for those who would be best served in outpatient settings, rather than being taken to emergency rooms and jails due to a lack of viable options.
- Build a broad coalition to pass a long term funding mechanism, possibly through a ballot initiative, to provide needed critical services to the people of Colorado.
- Decrease the need for incarceration by funding such programs as Metro Crisis Triage Center, diversion services, sustained recovery services, or Integrated Dual Diagnosis Treatment.

All the organizations represented by the Roundtable need to realize that they need to present a unified voice for mental health and substance abuse. Want to run a successful ballot initiative that will improve access to care. There are hundreds of trained CIT officers, but not enough beds to place offenders in. Hope to look at a Metro Crisis Triage and diversion service. Look at providing funding for dual-diagnosis treatment centers.

The Mighty Coalition: George DelGrosso

- Present as one voice to policy makers whenever possible.
- Reduce stigma.
- Ensure services are recovery and resiliency focused.
- Increase the influence of mental health in state government.
- Advocate for access to appropriate medications in the most cost effective way.

The Mighty Coalition is a coalition of providers in the behavioral health field. They will be inviting the substance abuse organizations into the Coalition. What they found was that providers were not communicating well with each other in the areas of community policy-making, funding and legislation. The Coalition is trying to come up with a common voice.

What we are really challenged with is that we are in this together. This is not an insurmountable issue. People can change and get well and be productive members of the society. We don't have to lock up people the way we do.

Colorado Coalition for the Homeless: Louise Boris, V.P. of Programs

- Access to affordable mental health treatment and medication for those on parole and probation.
- Transition planning for individuals who have completed their sentences so that mental health treatment and medication can be sustained.
- Identification of those individuals experiencing mental illness and/or traumatic brain injury (TBI) that may qualify them for SSI/SSDI and better linkage to those resources.
- Continuity of care from jails and prison to community providers.
- Ongoing training for staff in community corrections, parole and probation, as well as staff of half-way houses, in the identification of mental health and TBI issues.
- Access to inpatient psychiatric treatment.

The Colorado Coalition for the Homeless provides housing and healthcare for the homeless. Individuals may have come out of prison after receiving treatment and medication. Those that want treatment can't find it or afford it. If the offender cannot follow through with medication and treatment, they are often in violation of their parole.

There are six priority areas: Access to treatment, transition planning, identification of individuals experiencing mental illness, continuity of care, ongoing training for staff in state systems, and access to inpatient psychiatric treatment.

Colorado Association of Alcohol & Drug Service Providers: Carmelita Muniz, Executive Director

- Untreated substance abuse problems have a profound financial impact on Colorado's criminal justice, human services and health care systems.
- Invest in substance abuse prevention, intervention, treatment and recovery.
- Inform, support and implement improvements in substance abuse prevention, intervention, treatment and recovery.

The definition of mental health is blurred and needs to be better defined. Is substance abuse included in the definition? Substance abuse providers are not getting the funding that the mental health providers receive. Substance abuse is a major problem in jails and for the probation system.

Need is outpacing the resources. There is $42 million available in the state for substance abuse programs and most of the funds come from the federal block grant. There are issues substance abuse providers can help with but can't because of lack of resources.

Systems integration is important. This integration includes communication, collaboration, data collection, and sharing. There is a need for building capacity for community providers.

Adults with undiagnosed fetal alcohol system that are in the system are not being dealt with. Resources are needed to victims. Victims can have substance abuse issues that play into their role as a victim. How do you wrap systems around people to help them?

CO Behavioral Healthcare Council: Doyle Forrestal, Director of Public Policy

- Increase and support opportunities for additional community-based diversion and transition programs that are collaborations between criminal justice system and community providers.
- Streamline systems to improve continuity of care between the criminal justice system and the community to increase access to care and the connection to treatment needs.
- Enhance the creation of and connection to community-based programs and services that reduce recidivism, such as mental health and substance abuse treatment, medications, housing, benefits, vocational training.
- Improve education and outreach efforts to the community to reduce the stigma associated with individuals that have had contact with the criminal justice system, and especially for those who also have mental health conditions.

Colorado Behavioral Healthcare Council has 17 community mental health centers around the state. They have identified criminal justice issues as a primary concern.

Specific items they are looking at over time are: creating some diversion related programs within the community; benefit acquisition teams in the jail so offenders can begin the application process while in jail before their release.

The John Eachon Re-Entry Program is a prison transition program specific to Jefferson County and is for parolees with mental illness released into Community Corrections. This program provides community living skills, medication, treatment, etc., all in one location.

The PACE program is the jail diversion program designed in Boulder. It is a collaborative program offering services for probationers again all in one location. They take offenders with higher LSI scores. Data shows that the program has an impact with felons as well as misdemeanants.

National Alliance for the Mentally Ill: Nita Brown, President, Arapahoe/Douglas County

- Improve the availability of appropriate treatments for mental illness, substance abuse and co-occurring disorders.
- Improve the behavioral health assessment environment and the provision of medications.
- Improve the transition linkages and continuity of care between jail/prison and community treatment and other support services through improved case management.
- Increase funding for inpatient and community-based services.

Their number one priority is availability of treatment. There are people with mental illnesses who have not been diagnosed. When individuals are properly diagnosed and receive consistent services, people's lives improve. Without medications there is little hope for recovery. Without recovery the revolving door will continue.

The number two priority is availability of community resources. When offenders leave DOC, they need to be linked with community services. Case management can coordinate effective continuity of care. When people are linked with services, they become stable and are less likely to recidivate. Supported housing and residential care is also critical. Supported employment along with vocation training is needed to obtain and retain employment.

Their number three priority is increased funding for services. People can be treated in the community at a lower cost than they can be treated in jail or prison.

Mental Health America-Colorado: Jeanne Rohner, Executive Director

- Implement a full-service crisis system like the Metro Crisis Triage Project.
- Advocate for diversion programs, mental health and drug courts and treatment in jails/corrections including reintegration services.
- Engage in sentencing reform.
- Fully fund services.

The absence of adequate insurance coverage is a large contributing factor to the number of jailed inmates with mental illnesses. More than 29% of the 23,000 adult prisoners have a moderate to severe mental illness. It is also more expensive to jail a person who has a mental illness that it is to treat them in the community. They can be treated in the community for $10 a day.

One solution they are working on is to build a crisis triage center in Denver so that people have a place to take someone other than jail. It will also have data sharing between law enforcement, hospitals and mental health centers so they can communicate with each other. There are challenges with a triage center. 50% - 60% of the individuals coming in to the center will be uninsured.

Front end services are needed such as diversion and re-integration services. Services need to be fully funded.

Metro Area County Commissioners: Mentally Ill Inmates Task Force: Paul Siska, Co-Chair

- Provide housing particularly for mentally ill offenders to build their recovery.
- Explore diverse mental health funding options and funding for indigent services.
- Resources for long term care users who require this level of care.
- Explore creating more diversion opportunities at intercepts #2 (initial detention and hearing) and #3 (jails and courts).
- Expand re-entry initiative services through formation of an inter-county task force of the MACC.
- Explore a medication assistance program.

The task force is made up of county jail personnel and other justice system stakeholders of seven metro area counties. Its purpose is to look at the high cost of incarcerating people in jails. How can you keep the vulnerable population successful and out of the criminal justice system?

In 2008, $36 million was spent on this population while in jail. Arapahoe County averages 22% of their population with serious mental illness. Last year MAAC supported the suspension of benefits bill. This year they are pushing SB09-06. If an inmate loses their ID, they cannot get benefits. They are also looking at housing, diversion opportunities, funding, re-entry services, and medication assistance. The jail is not the place to treat these people.

Mentally Ill in the Justice System Task Force: Dr. Harriet Hall, Co-Chair

- Sufficient treatment resources to maintain persons with mental illness or co-occurring disorders who are involved with the criminal justice system in or return them to the community, including the development of programs and facilities and the training of staff.
- The importance of providing housing and employment in addition to treatment for persons with mental illness or co-occurring disorders who are involved with the criminal justice system, in order to prevent recidivism and promote public safety.
- The demonstration of positive outcomes and cost-savings resulting from effective treatment and community supports of individuals with mental illness or co-occurring disorders who are involved with the criminal justice system, to justify directing additional resources towards such programming.
- The demonstration of the effectiveness of prevention and early intervention, including but not limited to juveniles, in preventing individuals with mental illness or co-occurring disorders from coming into the justice system
- The availability of public benefits for persons with mental illness or co-occurring disorders who are involved with the criminal justice system

The Task Force began in 1999 as an interim committee and now works under the sponsorship of a legislative oversight committee. The Task Force studies issues and brings them to the oversight committee as potential legislation. The suspension bill is important. Without the benefits they don't get the treatment and they recidivate.

The Task Force priorities are: sufficient treatment resources, housing and employment for offenders with mental illness, early identification of the illness and intervention.

Transformation Transfer Initiative by Leslie Herod and Dr. Andrew Keller:

The mental health issue is a primary concern for both the Governor and Mrs. Ritter. Leslie Herod has been asked to coordinate the Behavioral Health Cabinet and the Transformation Transfer Initiative. Tri-West, and Dr. Andrew Keller, has been hired to coordinate the work of the Cabinet.

In early 2008, the Behavioral Health Cabinet began researching how BHIs impact each department. It became apparent that increased coordination between departments was needed and gaps in services were identified. The transformation project is a result of this research.

The Transformation Transfer Initiative is a mechanism to put in place a structure to transform the delivery of services in Colorado. Their initial work has revealed the sentiment by stakeholders that behavioral health systems were never broken because they never worked in the first place.

When you walked through the criminal justice system you could see a consistent need to address behavioral health issues.

Public safety and accountability are two primary tenets of the Transformation project, incorporating a true public value of having people get better.

Overall project goals:

1. Develop a process for sustained, ongoing involvement of consumers, families, and other stakeholders for an overall authoritative collaborative body.
2. Establish a transformation structure to support the work of the collaborative body and implement at least two of the recommendations of JHR-1050.
3. Secure ongoing funding as well as staff and necessary supports, to institutionalize, sustain, and achieve true behavioral health system transformation.

One thing that is critical is to have the stakeholders work with the Behavioral Health Cabinet. They want to develop a process whereby stakeholders are at the table with the Cabinet members. They can then focus on the priority populations and corresponding systems that will be transformed.

There will be twelve stakeholder forums throughout the state that will last for approximately one to one and one-half hours each. In May or June, Tri-West will meet with the Cabinet and stakeholders and present four or five priority areas identified through the stakeholder forums. Findings will be presented to the stakeholders in August and the final report will be issued in September.

Discussion:

Q. How will Tri-West get the word out about the upcoming forums?
A. Dr. Keller asked the stakeholders present today to email their constituents to alert them to the meetings. DOLA and County Commissioners organizations will also disseminate information about the meetings.

In a small way, today's meeting has highlighted the disparity between needs and resources. Can interns as well as persons working toward their mental health care licenses, be used as a resource?

Some in the treatment field find that some community mental health centers hold on to the clients as opposed to referring them out to providers. The community mental health centers have contracts for providers. The Medicaid-eligible individuals can use any of the providers.

What are we talking about with behavioral health? There appears to be a conflict between substance abuse and other kinds of mental health. What definition are we operating under?

What is the definition of behavioral health? The State Department Human Services defines it as both mental health and substance abuse. DOC has mental health, substance abuse, and sex offenders. Others include developmental disabilities and mental health. In general, behavioral

health typically refers to mental health and substance abuse. Language needs to be clarified. A word may mean something to one person and mean something else to another. The adversarial system is not the best. We need to move to a collaborative model.

Consensus Points: the driving issues where criminal justice system meets the behavioral health system.

1. **Treatment availability:** the "revolving door", medication management and monitoring, continuity of care, availability and affordability-particularly for low income individuals, and overall resources for treatment. Victims also have need for treatment. Treatment includes many things in addition to medication such as addressing housing issues.
2. **Training** should be jointly done between all stakeholders to increase understanding across agencies and disciplines.
   - CIT training was first supported through Byrne grant dollars and has most recently been financially supported by COPS funding through the Division of Criminal Justice (DCJ). Both of these sources of funding are no longer available. Thus, CIT training will no longer be operated by DCJ. It is now up to the individual jurisdictions to pay for the training. Colorado Regional Community Policing Institute (within DCJ), who has been operating the training, has converted the CIT curriculum ("CIT in a box") into a user-friendly format for use by local jurisdictions to continue this police training.
3. **Screening and Assessment**. Standardized. Break down silos. Timing is crucial. Assessed needs = individualized treatment. Prosecution may not get an assessment until the presentence report. If prosecution can get the information sooner it would be helpful.
4. **Co-Occurring Disorder Issues**. Cohesive, evidence-based approach treating whole person.
5. **Access to Public Benefits**. Need a rational system in which there is one place for a person to call and be given all the information.

Additional Discussion Points:

1. Integration of treatment and supervision.
2. Prevention. Probation and diversion and treatment in the community can be prevention. A way to keep them from penetrating deeper into the criminal justice system. With true prevention you are starting with young children. Commitment to evidence-based prevention services / evaluation and performance measures.
3. Accountability. Integration of treatment and supervision. Must identify a common goal. You also must show accountability and public safety.
4. Collaboration with others.
5. Education. Need to educate the judges about what the programs are and where to place people.
6. A common formulary used across the state. Should include community providers.
7. Involuntary medication: hampered by lack of 24/7 oversight.
8. Need to have a crisis triage center where officers can take someone having a mental health crisis instead of the jail.

9. Need to know what programs are out there and acceptable for Parole or DOC to send them to. Having meaningful places to send people will open up the possibility for discretionary parole.
10. Reintegration into the community. Ensure offenders have the opportunity to succeed once they leave DOC.
11. Build the capacity of providers to work on these issues.
12. State needs to develop some integration and cross system models.
13. Cultural uniqueness.

Where do we go from here? The Commission will sponsor a two or three meetings to drill down further on these issues and report back with concrete recommendations. These can be reviewed and discussed by the Commission. Our intention is to bring together everyone who can talk about some of the major issues, and figure out who is best to address the issue and may have had some idea on how to address the problem.

DCJ staff will send out a solicitation to the stakeholders with a blueprint of the next two or three meetings and ask for their participation. If someone knows of an agency that was not present today but that should be part of the discussion, please give those names to DCJ staff.

The meeting adjourned at 4:54 p.m.