**Concept Paper for Discussion**
**Regional Facility with Forensic Unit**

**Goal**: To provide expert behavioral health services to convicted jail detainees with severe behavioral health needs that result in the individual being a danger to self or others or gravely disabled during incarceration in a local county jail.

**Proposed Solution**: Create regional behavioral health facilities with locked forensic units administered by the Colorado Office of Behavioral Health

**Multi-Purpose facility serving different high needs populations**: These facilities should be built in a manner that can accommodate separation of different populations that may vary in number at any given time:

- Jail detainees with severe behavioral health needs that cannot be managed in a local jail
- Jail detainee Involuntary medication determinations and proceeding when required
- Competency evaluation and restoration services when these services cannot be provided in the community
- Crisis situations that require a locked placement
- Designated 27-65 facility with civil commitment evaluation and proceedings capabilities

Providing these functions on a regional basis can free up exiting mental health institute beds for civil commitment placements. The resulting increase in civil commitment placements could reduce the number of individuals with behavioral health needs who have criminal justice involvement.

The facility should have televideo equipment to enable remote court appearances or telepsychiatry.

Cost saving measures: It will require a substantial investment to build and administer these regional facilities. If the facilities are located in rural areas, Colorado could obtain a USDA grant to study the feasibility and cost of regional facilities. Rural locations can also create staffing difficulties. The following measures can disperse some of the costs:

- Local jails pay a per diem for any inmate that is placed in the facility
- Facilities that have been decommissioned (e.g., regional centers, Bent County private correctional facility, Hudson private correctional facility, CSP II, etc.), can be evaluated to determine the feasibility of converting them to regional facilities

**Regional Models from Other States**

According to the Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017 report [1] there are only eight states that accept multiple jail detainee transfers; however the report list the shows the following nine states had multiple jail detainee transfers in a one-day census in 2014. The report mentions that confusion regarding the term "jail diversion" is a potential limitation of the report.

- Georgia (14)
- Maryland (14)
- Nevada (62)
- New Jersey (241)
- New York (16)
- North Carolina (12)
- Ohio (20)
- Pennsylvania (223)
- South Carolina (2)

The report also mentions that Florida has a Forensic Hospital Diversion Pilot Program.

**New Jersey Ann Klein Forensic Center, New Jersey Department of Health, Division of Mental Health and Addictions Services**

The Ann Klein Forensic Center is a 200-bed psychiatric hospital serving a unique population that requires a secured environment. Our facility provides care and treatment to individuals suffering from mental illness who are also within the legal system.

The clients at Ann Klein Forensic Center are special in many respects and require an interdisciplinary team approach. The care plan is comprised of both independent and interdependent contributions from our staff and is communicated to the medical security officer assigned to each client. We work as a team, with each member treating the other with courtesy, consideration, and respect. We serve our clients without judgment, applying professional knowledge and skill to achieve a positive outcome.

Safety is an important component in our work for both the clients and the staff. Every aspect of this is closely monitored for compliance so an environment of physical and emotional safety will be maintained for everyone.

For more information, please call (609) 633-0900. Information from:
http://www.state.nj.us/humanservices/dmhas/resources/services/treatment/akfc.html

Linda Elias, Deputy CEO, Ann Klein Forensic Center, contacted at (609) 633-0893, provided the following additional information about forensic services in New Jersey:

Jail detainees must have the following forensic charges and detainer to qualify for transfer to the Ann Klein Forensic Center if they are not guilty by reason of insanity (NGRI) or incompetent to proceed to trial (ITP): Murder, manslaughter, aggravated sexual assault, aggravated criminal sexual contact, 1st

[1] Pinals, D.A., Fitch, W.L., and Warburton, K. (2017, August). *Forensic patients in state psychiatric hospitals: 199-2016*. Alexandria, VA: National Association of State Mental Health Program Directors.

degree robbery, 1st 2nd 3rd 4th 7th 8th 9th 10th aggravated assault, aggravated arson, kidnapping. Those with lesser charges go to psychiatric regional hospitals.

The Division of Mental Health and Addictions has Community County Jail Psychologist that will travel to county jails to conduct competency and sanity evaluations.

Bail reform – The Division provides bail evaluations in attorney offices to determine if an individual is are low enough risk (does not pose a danger to self or other) to remain in the community while they are waiting for a competency evaluation.

**Pennsylvania's Warren State Hospital Regional Forensic Psychiatric Center (RFPC), Pennsylvania Department of Human Services**

The RFPC provides active psychiatric treatment and/or psychiatric evaluation in a medium security facility to persons that are involved with the county-based judicial/correction systems.
A person referred for admission to the RFPC must be under criminal detention by this system.
For those persons committed for psychiatric treatment, the anticipated outcome is that with stabilization of their disorders, they will return to the judicial system. For those individuals referred for court ordered evaluations, the outcome is their return to the judicial system with a comprehensive psychiatric evaluation forwarded to the court of jurisdiction.

Jessica Bradley Executive Assistant on Consumer and Family Issues/Justice Related Services is the central office contact- Jebradley@state.pa.us, 717-787-2422. Information from:
http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_002985.pdf

**Florida Hospital Diversion Pilot Program – Miami-Dade Forensic Alternative Center, Department of Children and Family Services[2]**

In response to the 2006 forensic bed crisis, and at the urging of DCF, the Supreme Court of Florida convened a special committee to address issues relating to the disproportionate representation of people with serious mental illnesses involved in the justice system and to evaluate the role of the forensic treatment system.[3] This body developed a report titled Transforming Florida's Mental Health System1 detailing recommendations for planning, leadership, financing, and service development. The recommendations target effective and sustainable solutions that will help divert people with mental illnesses from the justice system into more appropriate community-based treatment settings. Steps are also outlined to begin shifting investment from costly, deep-end services provided in institutional settings into more effective and cost-efficient front-end services provided in the community.

Admission to MD-FAC is limited to individuals who otherwise would be committed to DCF and admitted to state forensic hospitals.‖37 In order to be eligible for MD-FAC, an individual must be charged with a less serious offense, such as a second or third degree felony. A team, composed of the judge, mental health staff from DCF, Bayview, and the state attorney's office, assesses the individual further and reach a consensus on whether the individual should be admitted to the program.38 Screening includes a review of the individual's criminal history for indications of risk of violence or public safety concerns, a

[2] Information taken from:
http://www.flsenate.gov/usercontent/session/2011/Publications/InterimReports/pdf/2011-106cf.pdf
[3] Information taken from: https://www.neomed.edu/wp-content/uploads/CJCCOE_11_FACStatus.pdf

review of the appropriateness of treatment in an alternative community-based setting, and the likelihood that the individual would face incarceration if convicted of the alleged offense.39

Following admission, individuals are initially placed in a locked inpatient setting where they receive crisis stabilization, short-term residential treatment, and competency restoration services.42 Upon stabilization, participants are transferred to a locked, short-term residential treatment facility. When participants are ready to step-down to a less restrictive placement in the community, they are provided assistance with re-entry and ongoing service engagement.43 —Once competency is restored or the participant no longer meets the criteria for continued commitment, the program prepares a treatment summary and recommendations for community

placement.‖44 —The committing court then holds a hearing to review the recommendations and appropriateness of the recommended community placement.‖45 —Upon authorization of step down from inpatient services into community placement by the court, MD-FAC staff provides assistance with re-entry and continues to monitor individuals to ensure efficient and ongoing linkage to necessary treatment and support services.‖46 Some of the re-entry services include assistance in assessing entitlement benefits and other means to build economic self-sufficiency, developing effective community supports, and providing living skills.47 Thus, the pilot program follows a model of comprehensive care, which contributes to more effective community re-entry and recovery outcomes.48

Florida Transforming Florida's Mental Health System report recommendations: [4]

Under this redesigned system of care, which will serve both adults with SMI and children with SED there will be 1) programs incorporating best-practices to support adaptive functioning in the community and prevent individuals with SMI/SED from inappropriately entering the justice and forensic mental health systems, 2) mechanisms to quickly identify and appropriately respond to individuals with SMI/SED who do become inappropriately involved in the justice system, 3) programs to stabilize these individuals and link them to recovery-oriented, community-based services that are responsive to their unique needs; and 4) financing strategies which redirect cost savings from the forensic mental health system and establish new Medicaid funding programs.

Key elements of the proposed plan include:
• Adoption of innovative financing strategies, designed around principles of managed care, that create incentives to prevent individuals from inappropriately entering the justice systems, and to quickly respond to individuals who do become involved in the justice system.
• Establishment of a multi-tiered level of care classification system targeting individuals at highest risk of institutional involvement in the criminal justice, juvenile justice, and state mental health systems to ensure adequate services in times of acute need when at risk of penetration into institutional levels of care and maximizing limited state resources during periods of relatively stable recovery.
• Creation of a statewide system of limited enrollment, Integrated Specialty Care Networks (ISCNs) under a newly authorized Medicaid state plan option targeting Home and Community Based Services (HCBS) and specifically tailored to serve individuals with SMI/SED who are involved in or at risk of becoming involved in the justice system or other institutional levels of care.
• State certification of local providers and communities for participation in the proposed

[4] Information taken from:
http://www.flsenate.gov/usercontent/session/2011/Publications/InterimReports/pdf/2011-106cf.pdf

ISCNs, who demonstrate:

- o The ability to deliver effective, high-quality services across systems of care to individuals at highest risk of becoming involved in the criminal justice system or other institutional levels of care.
- o Ongoing, collaborative relationships with state and local criminal justice and community stakeholders that will facilitate early intervention and continuity of care across systems.

• Implementation of strategies targeting community readiness and individuals at highest risk for institutional involvement.
• Establishment of a partnership between DCF and AHCA to maximize funding streams and opportunities to serve individuals covered under public entitlement benefits (i.e., Medicaid) as well as those not covered.
• Programs to maximize access to federal entitlement benefits by expediting the application process and increasing initial approval rates for individuals prescreened to be eligible for benefits.
• Strategic, phased in implementation over a six year period to ensure adequate infrastructure development and sustainability.
• Strategic reinvestment of general revenue appropriations currently allocated to the state forensic system into community-based services targeting individuals at risk of criminal justice system involvement.
• Establishment of a Statewide Leadership Group to provide administrative oversight and facilitate technical assistance with the development of state and local plans.
• Implementing strategies and promising practices to maximize enrollment in federally supported entitlement benefits such as Medicaid and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI).
• Expansion of the Criminal Justice/Mental Health/Substance Abuse Reinvestment Grant Program to build local and statewide infrastructures.
• Development of local and statewide collaborations.

TABLE OF KEY RECOMMENDATIONS

Creating a redesigned and transformed system of care will require the provision of communitybased services and supports which ensure that people with mental illnesses and/or co-occurring substance use disorders are able to access care that is effective, efficient, safe, and appropriate to individual needs and circumstances. In addition, services and supports must be available in the community when and where they are needed. Services offered should be those that are most likely to contribute to adaptive and productive life in the community, while minimizing unnecessary or inappropriate involvement in the criminal justice system or other institutional settings. While the needs of each community will be different, potentially producing significantly different priorities and objectives, the efforts of each community must be guided by a common vision and current knowledge regarding evidence-based and promising practices. Table 1 lists key recommendations addressed in this report.

Table 1. Key recommendations

Recommendation area:

- Phased-in implementation of a redesigned system of care targeting the provision of enhanced services to individuals involved in or at risk of becoming involved in the criminal and juvenile justice systems, with the provision of reasonable startup costs.
- Creation of a statewide system of limited enrollment, Integrated Specialty Care Networks
- (ISCNs) which maximize state funding, along with new Medicaid programs to serve individuals with SMI/SED who are involved in or at risk of becoming involved in the justice system or other institutional levels of care.

- Development of financing strategies that creates incentives to prevent individuals from inappropriately entering the justice systems, and to quickly respond to individuals who do become involved in the justice system.
- Certification of local providers and communities for participation in ISCNs, who demonstrate the ability, commitment, and readiness to deliver effective, high-quality services, across systems of care to individuals at highest risk of becoming involved in the criminal justice system or other institutional levels of care.
- Establishment of a classification system based on risk of institutional involvement in the criminal justice, juvenile justice, and state mental health systems to target enhanced services based on necessary level of care.
- Establishment of a partnership between DCF and AHCA to maximize funding streams and opportunities to serve individuals covered under public entitlement benefits (i.e., Medicaid) as well as those not covered.
- Implementation of strategies to maximize enrollment in federally supported entitlement benefits such as Medicaid and SSI/SSDI.
- Establishment of a Statewide Leadership Group to provide administrative oversight and facilitate technical assistance with the development state and local plans.
- Development of comprehensive and competent community-based mental health systems based on evidence-based and promising practices.
- Development of comprehensive and competent interventions targeting adults involved in or at risk of becoming involved in the criminal justice system based on evidence-based and promising practices.
- Development of comprehensive and competent interventions targeting youth involved in or at risk of becoming involved in the criminal or juvenile justice systems based on evidence-based and promising practices.
- Recommendations to promote and sustain a more effective, competent, and sustained mental health/substance abuse treatment workforce.
- Recommendations for oversight of psychotherapeutic medication prescribing practices in the dependency system and child-protective services.
- Recommendations for best practices in screening and assessment in the juvenile justice system.
- Recommendations for educating judges and other professionals in the courts.
- Recommendations for judicial leadership and the development of community collaborations.