

**Colorado Commission on Criminal and Juvenile Justice
Mental Health/Point of Contact Through Jail Release Task Force**

Minutes

June 16, 2016 1:30PM-4:30PM
690 Kipling, 1st floor Meeting Room

ATTENDEES:

CHAIR

Joe Pelle, Boulder County Sheriff

TASK FORCE MEMBERS

John Cooke, State Senator, District 13

Frank Cornelia, Colorado Behavioral Healthcare Council

Patrick Fox, Officer of Behavioral Health

Jeff Goetz, Colorado Jail Association

Tina Gonzales, Colorado Health Partnerships

Evelyn Leslie, Private Mental Health Provider

Matthew Meyer, Mental Health Partners

Joe Morales, Parole Board

Norm Mueller, Defense Bar

Charles Smith, Substance Abuse and Mental Health Services Administration

Abigail Tucker, Community Reach Centers

Doug Wilson, State Public Defender

ABSENT

Beth McCann, State Representative, District 8

Charlie Garcia, CCJJ Member At-Large

STAFF

Paul Herman, CCJJ consultant

Christine Adams, Division of Criminal Justice

Kim English, Division of Criminal Justice

Issue/Topic:	Discussion:
<p data-bbox="168 258 480 289">Welcome/Introductions</p> <p data-bbox="274 333 375 365">Action:</p>	<p data-bbox="565 212 1463 331">Sheriff Pelle opened the meeting at 1:40 p.m. by asking everyone to introduce themselves and provide information on their positions and their expectations of this task force.</p> <p data-bbox="565 378 1500 497">Dr. Evelyn Leslie is a private provider and CCJJ member. She is hoping to discuss issues related to the clinical assessment of individuals with mental health problems who are in jails.</p> <p data-bbox="565 543 1503 709">Dr. Abigail Tucker is the clinical Director of Intensive Services for the Community Reach Center system. She hopes to address the intersection of mental health and criminal justice and how she can help facilitate change.</p> <p data-bbox="565 756 1511 963">Dr. Charlie Smith now works with SAMHSA (Substance Abuse and Mental Health Services Administration, a federal agency) but was previously part of the Colorado behavioral health system. He also would like to address the intersection between mental health and criminal justice that can include information regarding federal resources.</p> <p data-bbox="565 1010 1507 1266">Frank Cornelia represents a private mental health resource (the Colorado Behavioral Healthcare Council) that also manages block grant dollars. His expectation is to help facilitate and create pathways that will help keep people out of jail. Dr. Matt Meyer is from Mental Health Partners and hopes to use his experience to help the group and to help people with mental health problems in the criminal justice system.</p> <p data-bbox="565 1312 1507 1696">Dr. Patrick Fox is the Chief Medical Officer for the Department of Human Services. He is interested in the intersection between mental health and criminal justice, and at the epicenter of this is the settlement agreement regarding timely access to the state mental health hospital beds while being aware of those who are most acutely ill. Competency evaluations are an important issue. He stated that we must shift from a systems approach to focus on individuals. Doug Wilson is the State Public Defender. He stated that these are his clients and that he would like to have less mentally ill clients in jail.</p> <p data-bbox="565 1743 1487 1862">Jeff Goetz represents the Colorado Jail Association. He stated that he is very interested in this topic as it is a problem in jails throughout the state.</p>

<p>Issue/Topic:</p> <p>Welcome/Introductions (continued)</p> <p>Action:</p>	<p>Tina Gonzales represents Colorado Health Partnerships which serves 43 counties and the mental health centers. She feels that we can often identify the population referred to jail but we are not always sure about what to do with them. She would like to help the Denver-metro area as well as the rural communities.</p> <p>Kim English is the Director of Research and Statistics at the Division of Criminal Justice. Her office is staff for the CCJJ.</p> <p>Paul Herman is the Commission’s consultant. However, this is his last meeting before retirement. Our new consultant, starting in July, will be Richard Stroker. Mr. Stroker is a longtime colleague of Mr. Herman’s and has extensive experience in criminal justice.</p> <p>Sheriff Joe Pell has been peace officer for 37 years and the Boulder County sheriff for 13 years. He is interested because of how the criminal justice system is forced to handle the acutely mentally ill. He stated that on Tuesday he did a “snap shot” of his own jail and found that 41% of women and 29% of men had an Axis I diagnosis. Officers have the choice to take an individual to jail for minor charges where it is secure or take them to the emergency department and sit with them. Once someone is in custody there are few resources. If a more acute case comes in someone else may be bumped in terms of services. Sheriff Pelle feels that it is a lack of willingness on the part of the mental health providers to treat the unwilling. He asked how we create more front-end diversion. We need more resources, especially in the rural areas. How do we handle the people that do not want to be treated? He explained that sheriffs end up hiring certified nursing assistants (CNAs) to sit with people to make sure they do not harm themselves.</p>
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<p>Issue/Topic:</p> <p>CCJJ 101</p> <p>Action:</p>	<p>Discussion:</p> <p>Ms. English stated that at the beginning of every new task force we provide information on the relationship between the Commission and the task forces, and the role of task force members. See Appendix A following the minutes for the slides used during this discussion.</p> <p>Mr. Herman commented that when the Commission was first being formed he spent a great deal of time interviewing members to help Commissioners determine which direction Colorado should go. Early on, the Commission developed guiding principles regarding how work should be accomplished. He noted that the Commission does its best</p>
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<p>Issue/Topic:</p> <p>CCJ 101 (continued)</p> <p>Action:</p>	<p>work when the guiding principles are followed. This includes basing decisions on data.</p> <p>Mr. Herman stressed that it is important to commit to non-partisan efforts to achieve common goals. In addition, the whole state should be considered – geography makes a difference and we want different areas to be represented.</p>
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<p>Issue/Topic:</p> <p>Round Table Discussion</p> <p>Facilitated by Mr. Herman</p> <p>Action:</p>	<p>Discussion:</p> <p>Mr. Herman stated that people often start with a solution in mind but that it is important to first spend an adequate amount of time defining the problem. So let's discuss the problem:</p> <ul style="list-style-type: none"> • What is the problem from your perspective (not necessarily the perspective of your agency)? • What are three of the most important problems for diversion, custody, and continuity of care? <p>Sheriff Pelle stated that treatment of the unwilling is the most important problem to him. He feels there are resources for those who seek treatment but not for the unwilling. He feels that it may or may not be a lack of beds but it may be a lack of access to services, for both families and law enforcement officers.</p> <p>Dr. Meyer stated that the deinstitutionalization of mental health hospitals is important. Several decades ago we deinstitutionalized those housed in facilities and defunded the mental health system. As a result the folks who need this treatment end up homeless or in jail with minor infractions.</p> <ul style="list-style-type: none"> - Mr. Herman asked what deinstitutionalization meant. - Dr. Fox replied that a movement of "anywhere but here" was started in the 1960s. Large facilities were created to keep society away from the people inside. The Supreme Court's decision in O'Connor v. Donaldson (1975) found that people had the right to live with others unless they were a danger and this was the beginning of deinstitutionalization. <p>Dr. Fox stated that an important issue for him is the healthcare workforce, both in the community and in correctional facilities. Some people with mental health problems are not appropriate for diversion, so we need to ensure that the jail has an appropriate workforce to manage this type of client. He feels that we should also discuss diversion regarding "divert to what." This should be more clearly defined. Also, Colorado is incredibly diverse so solutions must be particular to specific</p>
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<p>Issue/Topic:</p> <p>Round Table Discussion (continued)</p> <p>Facilitated by Mr. Herman</p> <p>Action:</p>	<p>regions. We need a range of solutions to solve common problems. Dr. Tucker added that we should shift from Intercept 5 (in the Sequential Intercept Model, which is probation/parole) to the front end, or Intercept 1 (which is 911/local law enforcement), or before Intercept 1 (diversion from the system). How do we engage individuals in treatment BEFORE they become involved in the justice system? She also explained that workforce issues exists. Dr. Tucker stated that even if she has a bed available, she may not be able to staff it if staff are unable to maintain their professional credentials. Dr. Tucker added that how treatment is offered to those who do end up in the criminal justice system is important, and they need the best treatment possible.</p> <p>Mr. Goetz stated that front end treatment is important. He noted that jails built within the last 10 years are better equipped to house inmates with mental health issues compared to older jails. Mr. Goetz added that these inmates take more staff time. A lack of training or funds to pay for training, especially in the rural areas, is problematic.</p> <ul style="list-style-type: none"> - There are approximately 60 jails in Colorado. Mr. Herman asked who has the best structured jail in Colorado to deal with this population. It was stated that Arapahoe County is best (specifically, the RISE program is meant for this population → Restore Individuals Safely and Effectively) - Mr. Herman then asked if there a good example of a rural jail with a structure that could handle this population? Senator Cooke, a former Weld County Sheriff, answered probably not. He added that rural county sheriffs cannot do more than a 72 hour hold on these individuals because they have to keep them separate from other inmates or they have to send them elsewhere. <p>Dr. Smith said that some of these issues have not changed in the 15 years he has worked in this area. Reentry still has a great deal of barriers including housing, jobs and health care access. He agreed that we have a significant workforce issue and stated that we need clinicians to be available in all regions. Dr. Smith feels that a national problem is that we still have a fragmented, bifurcated approach, separating out mental health and substance abuse from healthcare.</p> <p>Mr. Cornelia stated that workforce and capacity are important. He agreed with Dr. Smith that Colorado (and the U.S. as a whole) is behind the times in bringing drug treatment and mental health together with healthcare. We need a full continuum of health care services. He stated that Colorado is a high using state for four categories of substances. He noted that we always hear that the mental health system is a broken system but that assumes there was a system. He reiterated that a systemic approach to the issues is problematic given that there is not</p>
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<p>Issue/Topic:</p> <p>Round Table Discussion (continued)</p> <p>Facilitated by Mr. Herman</p> <p>Action:</p>	<p>functional system.</p> <p>Mr. Wilson stated that defense council has too many clients with mental illness who are in custody. He empathizes with law enforcement and district attorneys because from the initial point of contact the likelihood to charge low level crimes is high, and they do not have enough beds. But we need to determine where individuals would divert to if we diverted them. He stated that there are too many people in the criminal justice system that should not be there. Mr. Wilson also stated that the civil commitment statute should be rewritten because of the word <i>imminent</i>. This refers to imminent threat to self or others as the standard for civil commitment.</p> <ul style="list-style-type: none"> - Dr. Fox commented that Colorado is 1 of 7 states that has such a high bar for civil commitment, and is 1 of 12 states that puts someone in jail pending a competency evaluation. He stated that it is too difficult for mental health workers to admit these individuals to hospitals so the person gets arrested for a minor crime with the hope that there will be a court order to hospitalize. Individuals are arrested to ensure that they will have entry into a treatment system. - After being asked about the number of beds available Dr. Fox stated that there are 449 licensed mental health beds at Pueblo and 99 at Ft. Logan. <p>Ms. Gonzales feels that Medicaid funding is not being fully utilized; no one monitors this process. State reimbursement for services has not caught up with the expansion of Medicaid funds. Senate Bill 07-97 (providing funding for adults and juveniles in the justice system) and Senate Bill 91-94 (providing funding for juvenile justice services) were created before the Medicaid expansion, and today service providers can choose the source that reimburses at the highest rate, which means that some funds go unused. She feels that the structure of the health care system should be examined, including who pays for what. Ms. Gonzales stated that housing is an important issue for this population. She noted that 11% of individuals with mental health problems who come to the attention of Colorado Health Partnerships have been in jail.</p> <p>Mr. Morales stated that as a former sheriff he feels that law enforcement tends to behave in a reactive rather than proactive way. As current chair of the adult parole board, he noted that when it comes to revocation to prison for someone on parole, there needs to be purpose. When someone is revoked they are under the custody of DOC and cannot be revoked to specific programs. Individuals do not receive updated mental health assessments until they are back inside</p>
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<p>Issue/Topic:</p> <p>Round Table Discussion (continued)</p> <p>Facilitated by Mr. Herman</p> <p>Action:</p>	<p>corrections (DOC) so the parole board has no information at the revocation hearing. Dr. Fox added that an individual cannot be sent San Carlos if they have been revoked. Mr. Morales continued that someone may only be back in DOC for a short time so providing treatment to these individuals is very difficult.</p> <p>Senator Cooke stated that criminalizing people with mental health issues is problematic. The Governor’s recent veto of Senate Bill 16-169 (concerning changes to the 72-hour emergency hold available to law enforcement) is a problem. We need a better answer than what we are doing now. Senator Cooke noted that another problem is continuity of care once someone is out of the system. He stated that some sharing of information across systems occurs but that not many jails have that ability.. What is the number of beds that we need and how will we pay for it? Sheriff Pelle responded that we need diversion but there is a population that needs a secure facility which does not exist. Dr. Leslie also noted that additional staff would be needed for more beds.</p> <p>Mr. Wilson then asked what kind of beds we are talking about. Dr. Fox replied that he is referring to state hospital beds and that there are about 1250 beds at other psychiatric hospitals in the state. But he stressed that if these locations have more than 16 beds they are considered “an institution for mental disease” which Medicaid will not pay for. This is why those facilities have a lot of beds for the geriatric and child populations. Dr. Fox noted that there is an opportunity for state officials to reach out to these free standing facilities after June 30 to explain that we have a tsunami of demand and ask how they can help. We will have to then figure out the reimbursement rates to make it worth it for the facilities. Dr. Fox clarified that he can amend his state budget at any point after June 30, if approved by CMS (federal).</p> <p>Dr. Fox noted that if we are going to think about the diversion model along with the intercept model we need to pay attention to funding Intercept 2 (initial detention/first court appearance). Individuals often need to be pressured by the criminal justice system to participate in treatment. He stated that as much as people do not like to talk about coercive treatment we need to talk about how important it is, and how critical it is to engage the client.</p> <p>Dr. Tucker stated that her #1 referral source for a walk ins at the crisis center is law enforcement. Her center is typically the first interaction walk-ins have whereas the populations the others are talking about have had multiple contacts with law enforcement.</p> <p>Mr. Wilson is concerned about bail. He stated that there is already a way for judges to release low level offenders but feels they will not do it if</p>
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<p>Issue/Topic:</p> <p>Round Table Discussion (continued)</p> <p>Facilitated by Mr. Herman</p> <p>Action:</p>	<p>the defendant has a mental health problem. Sheriff Pelle agreed and stated that someone with an Axis 1 diagnosis stays in jail three times longer than those without.. But Mr. Wilson is also concerned about making bond release mandatory because bail bond violations will increase which require mandatory consecutive sentences.</p> <p>Mr. Mueller stated that criminalization, aftercare, and resources are his top three concerns. The resources piece is along the line of how much is being applied to the current law enforcement situation and how we get that money to new resources.</p> <p>Mr. Herman then summarized the themes of this conversation as follows:</p> <ul style="list-style-type: none"> - Capacity → need to understand what this really is - Workforce → training, maintaining - Criminalization - Health care → not just about behavioral health or mental health but the continuum - Diversion - Funding → not just about resources but process and how to expedite - Jail design and staffing → rural vs. more metro; regional models based on need
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<p>Issue/Topic:</p> <p>EDGE Program</p> <p>Action:</p>	<p style="text-align: center;">Discussion:</p> <p>Mr. Herman asked Dr. Meyer to talk about the EDGE program in Boulder County and Dr. Fox to speak about what else is happening in Colorado.</p> <p>Dr. Meyer stated that he works with Sheriff Pelle on the EDGE (Early Diversion Get Engaged) program. This program imbeds mental health professionals with law enforcement agencies in Boulder County. Because of these efforts to work together, both mental health and law enforcement have come to appreciate each other’s role. This has led to joint training and in-turn has helped to develop excellent outcomes: the hope was that 30% of those diverted through the EDGE program would engage in treatment, and thus far 40% have engaged in follow-up care.</p> <p>Leadership has been steadfast and committed which has been key to the success of the EDGE program. Line staff appreciate the skill sets that each individual brings to the table. Not every mental health person is a good fit for diversion work. Also, we need to be able to compensate for our peers—those who provide peer support to this clientele. This is why paraprofessional work is important but hard to claim and often reimbursement is at a very low level. Overall, we have too few mental health workers in the system.</p>
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<p>Issue/Topic:</p> <p>EDGE Program (continued)</p> <p>Action:</p>	<p>Dr. Meyer added that one unexpected finding was the benefit of engaging mental health workers at dispatch. Having a treatment provider work with dispatch officers has helped many callers avoid a law enforcement intervention.</p> <p>Dr. Meyer asked Dr. Tucker if she had anything to add to this overview. She stated that, in general, there are services that community mental health centers provide that are important but do not have a reimbursement code. In addition, in terms of workforce, continuing education credits after professional licensure is important. She stated that it is difficult to keep staff from leaving mental health centers after they get their professional license to practice because community mental health cannot pay as much as the private industry. In her experience many new staff, newly out of graduate school, report that they “don’t deal with substance abuse.” When she explains that these two are interrelated, it shocks them. So how schools are teaching students to become mental health professionals is a problem.</p> <p>Dr. Fox stated that in 2014 the Department of Humans Services (DHS) implemented the crisis service program. The Governor’s Office identified \$20M from general funds for crisis centers, and an additional \$5M went to a hot line/warm line program. The decision on how to use the funds was made by officials in the various regions of the state. The Office of Behavioral Health has also expanded Jail Based Behavioral Services (JBBS). OBH is also working with the Equitas Foundation and SAMHSA to provide training to law enforcement on Intercept 1 and mapping, using the Intercept model, to determine what training is needed, and when.</p> <p>Other work OBH is involved in includes the Circle Program, which is being evaluated so we can determine if it can be replicated throughout the state. The waitlist for t programs is extremely long (upwards of six months or more). The Dancer program is at Judicial and is more like a problem solving court meant to keep families reunified and limit court proceedings. The RISE program at the Arapahoe County Jail is meant to help meet the settlement agreement. The WICHE study looked at a redesign of the two hospitals. Currently there are 550 beds but the study found that 1800 beds are needed; however we think this number is high. Dr. Tucker noted that in Adams County there are roll call trainings with all nine law enforcement agencies, and that after these trainings there is always a spike in the number of referrals from law enforcement. She stated that the 17th Judicial District also has mental health courts but she is concerned because this is considered “diversion” but clearly there is a court case.. One still needs an arrest and charge to get into specialty courts.. Adams County is about to launch a data sharing model that links</p>
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<p>Issue/Topic:</p> <p>EDGE Program (continued)</p> <p>Action:</p>	<p>mental health and criminal justice data. Here, Mr. Herman noted that the Adams County data sharing model and dashboard is a great step forward and other CCJJ groups are paying attention.</p> <p>Other existing work includes Senate Bill 16-202 which is a Community Assessment Plan. This is an opportunity to look at the intersection between mental health services and the criminal justice system. And HCPF is working on an RFP for their RICO program regarding the coordination of care with the criminal justice population.</p>
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<p>Issue/Topic:</p> <p>Next Meeting</p> <p>Action:</p>	<p style="text-align: center;">Discussion:</p> <p>Mr. Herman asked the group to list the items they feel would be important to discuss further at the next meeting and to identify the problem, approach, and potential working groups. This will allow the task force to help build the next agenda.</p> <p>Important Issues:</p> <ul style="list-style-type: none"> - Population size that we are talking about <ul style="list-style-type: none"> o Pretrial/not sentenced; Axis 1 diagnosis; low level cases o Mr. Goetz stated that the majority of jails can give rough numbers. Sheriff Pelle asked if these were numbers he could obtain on behalf of the group, and he said yes. - Sequential Intercept Model explanation - HCPF information - Medicaid reimbursement - Incremental cost of someone being mentally ill - Resource needs for jails <ul style="list-style-type: none"> o Regional jail that specialize in mental health treatment. o Although it could probably be sustained through fees (this is more expensive than normal jail cells) there needs to be funding at the front end. - Address the 27-65 statutes (regarding the care and treatment of persons with mental illness) which state that you cannot involuntarily treat someone. - Best practice research has shown that housing should be looked at first. <p>Sheriff Pelle summarized that the task force needs to address these issues:</p> <ul style="list-style-type: none"> - Medicaid opportunity to pay for inmate costs - CJA information → numbers and cost (Jeff Goetz and Joe Pelle) - Jail resource information → We know that there is a shortage of jails and resources but what do we do to catch up? What have other states done (that are not at the top or bottom of the list)? - If a critical representative is missing on the task force to let us know.
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Adjourned at 4:45 pm

Next meeting: July 7th, 700 Kipling, 4th Floor training Room, 1:30 – 4:30pm