

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

**Minutes**

September 8, 2016 1:30PM-4:30PM  
700 Kipling, 4<sup>th</sup> floor Training Room

**ATTENDEES:**

**CHAIR**

Joe Pelle, Boulder County Sheriff

**TASK FORCE MEMBERS**

Frank Cornelia, Colorado Behavioral Healthcare Council  
Jeff Goetz, Colorado Jail Association  
Tina Gonzales, Colorado Health Partnerships  
Evelyn Leslie, Private Mental Health Providers  
Beth McCann, State Representative, District 8  
Matthew Meyer, Mental Health Partners  
Abigail Tucker, Community Reach Centers  
Dave Weaver, County Commissioner  
Doug Wilson, State Public Defender  
Lenya Robinson, Healthcare Policy and Financing  
Michael Vallejos, 2<sup>nd</sup> Judicial District  
Norm Mueller, Defense Bar

**ABSENT**

Charlie Garcia, CCJJ Member At-Large  
Joe Morales, Parole Board  
John Cooke, State Senator, District 13  
Patrick Fox, Officer of Behavioral Health  
Charles Smith, Substance Abuse and Mental Health Services Administration

**STAFF**

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

<p><b>Issue/Topic:</b></p> <p>Welcome/Introductions</p>	<p>Sheriff Pelle opened the meeting by asking members and the audience to introduce themselves and who they represent.</p>
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<p><b>Issue/Topic:</b></p> <p>Senate Bill 169 Task Force Update</p>	<p>Sheriff Pelle reminded the group that Mr. Wilson was asked to provide updates on the work of the Senate Bill 169 Task Force to ensure that both task forces are not duplicating efforts as some issues may overlap.</p> <p>Mr. Wilson reported that Senate Bill 169 Task Force held a meeting yesterday and the group was provided with several presentations from consumers and mental health professionals.</p> <p>Following are some highlights of the meeting:</p> <ul style="list-style-type: none"> <li>- There is no data on the number of M1s in jails.</li> <li>- The group agreed that jails are off the table going further for holding M1s.</li> <li>- There are different levels of security for M1s.</li> <li>- There were discussions about Crisis Stabilization Units (CSUs) and Acute Treatment Units (ACUs). There are 16 ACUs in 5 different locations but there may be some double counting between CSUs and ACUs.</li> <li>- There are facility placement agreements in place and discussions were about designated facilities.</li> <li>- \$25M is spent a year on the crisis system. Last year 4 million of dollars were reverted. It was clarified that \$4M was reverted last year because the crisis center was not able to become fully staffed in that first year of implementation; the fund was fully spent the following year.</li> <li>- Jails are off the table for discussions at the Senate Bill 169 Task Force and Mr. Wilson believed that the task forces will not duplicate efforts while acknowledging there may be overlap in the diversion discussions.</li> </ul> <p><i>DISCUSSION:</i></p> <p>Sheriff Pelle indicated that conversations regarding M1 holds in jails started when the Sheriff's Legislative Committee met over a year ago. Some counties on the western slope started the discussion because they had to supervise individuals in jail to prevent from harming themselves but could not get appropriate facilities to accept them.</p> <p>The CSUs are not locked facilities and individuals can walk away. The ACUs are locked but there are very few beds available within the state. Frequently when a law enforcement officer is called because families are in distress and do not know what to do with their psychotic individual, the officer is hesitant to take the individual to a hospital without a mental health hold because of the ability for the individual to walk out the door since it is a voluntary hold. Consequently, because of the shortage of secure and locked facilities, the officer chooses to hold the individual in the jail to prevent them from harming themselves or someone else.</p>
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	<p>Mr. Wilson remembered a conversation at the Senate Bill 169 Task Force about law enforcement officers and first responders where he learned that EMT/EMS responders have to take someone to the ER otherwise they do not get paid (federal law). Ms. Tucker shared that there are current discussions with the CSU system and non-law enforcement first responders on their capacity to drop off at CSUs. Currently EMT/EMS responders do not drop off at CSUs unless there is an order from the medical director.</p> <p>Mr. Cornelia added that there may be opportunity to evaluate the crisis service system in about a year and half after implementation and identify areas to improve.</p>
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<p><b>Issue/Topic:</b></p>	<p>Mr. Stroker reminded the group that at the last Task Force meeting, the members agreed on the following three broad issues to explore:</p> <ul style="list-style-type: none"> <li>- Diversion from CJ system.</li> <li>- Services for behavioral health clients who are in jails</li> <li>- Diversion within the CJ system</li> </ul> <p>The group will spend about 4 months on each topic.</p> <p>The first topic will be diversion from the CJ system.</p> <p>1. <u>Diversion from the CJ system</u></p> <ul style="list-style-type: none"> <li>a. M1 cases</li> <li>b. Efforts involving law enforcement.</li> <li>c. Joint efforts involving law enforcement &amp; behavioral health/mental health</li> <li>d. Community behavioral health options.</li> </ul>
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<p><b>Issue/Topic:</b></p> <p>Presentations</p> <p>Early Diversion for Individuals with Mental Illness</p> <p>Justice Connect &amp; A Community Crisis Response</p> <p>Evidence-Based and Recommended Practices at the Sequential Intercepts</p>	<p>An overview of criminal justice diversion was prepared by the Colorado Behavioral Health Care Council was distributed to the group.</p> <p>Moses Gur from CBHC and Tina Gonzales from Colorado Health Partnerships offered a power point presentation to the group about:</p> <ul style="list-style-type: none"> <li>- <i>Early Diversion for Individuals with Mental Illness</i>, and</li> <li>- information about <i>Justice Connect and Community Crisis Response Plan</i>.</li> </ul> <p>The overview of criminal justice diversion and the presentation on diversion by CBHC may be found at, <a href="http://colorado.gov/ccjj/">colorado.gov/ccjj/</a> under - Mental Health/Jails Task Force, "Materials."</p> <p>Highlights of the presentation and discussion points:</p>
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	<p style="text-align: center;"><b><u>Early Diversion for Individuals with Mental Illness</u></b></p> <p><b>Criminal Justice Diversion – Models</b></p> <p><u>Types of Diversion:</u></p> <ul style="list-style-type: none"> <li>- Statewide Pretrial Diversion</li> <li>- Pre-booking Diversion Programs</li> <li>- Post-Booking Diversion</li> <li>- Post-Plea Diversion</li> </ul> <p><u>Specialized Policing Response Models</u></p> <ul style="list-style-type: none"> <li>- Crisis Intervention Teams (CIT)</li> <li>- Co-Responder Teams</li> <li>- Follow-up Teams</li> <li>- Community Outreach Teams</li> </ul> <p><b>Examples of Diversion Programs – Colorado</b></p> <p><b>EDGE (Boulder County):</b>  Boulder Sheriff’s Office, Boulder and Longmont Police Departments partnered with Mental Health Partners (MHP), the community mental health center that serves Boulder County. Deputies contact the EDGE team if there is a need for mental health intervention. Specially trained clinicians from MHP listen to the police radio, do ride-alongs, or may be paged by dispatch. Mental Health Partners transfer individuals to crisis centers, refer to services, connect to peer support, and do follow-up services. The SAMHSA grant for pilot program ends now, the end of August 2016, but the program is looking for new funding.</p> <p>Sheriff Pelle mentioned that Boulder County commissioners and the Longmont and Boulder City Councils have communicated their willingness to continue funding on pro-rated basis, based on on-call usage. Sheriff Pelle also expressed his office is interested in participating in the sustainability of the program because of the positive impact this program has on the jail population.</p> <p><i>What does it take to scale this program?</i> Currently EDGE serves Boulder County Sheriff’s Office, Boulder Police Department and Longmont Police Department. It was estimated that in order to scale the program to Boulder County and include other municipalities, it would require about \$1M annually.</p> <p><i>How were the positive outcomes for the jail assessed?</i> A method was used to calculate and project the impact on admissions and on length of stay. The EDGE program results in cost-avoidance. It was noted that the larger cost avoidance was the reduction in use of the jail, but there is also cost avoidance at the law enforcement response level. Because the clinicians have the ability to intercept at dispatch, fire trucks, ambulances and the dispatch of a law enforcement officers may be avoided.</p> <p><i>Who makes the decision to identify mental health calls?</i>  It is co-decided between the mental health professional and the law enforcement officer.</p> <p><b>Mental Health Center of Denver Co-Responder Program (MHCD):</b>  Since April 2016, mental health professionals pair with a Denver Police Department officer for the day to patrol and respond to calls. Mental health professionals advise officers on how to respond to calls involving mental illness, assist with mental health service coordination/referrals/intake, facilitate</p>
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	<p>communication with outside entities (i.e, detox, crisis center, psych ER), and initiate a mental health hold if necessary. The program includes identifying high-end users and directing them to services.</p> <p><b>Community Response Team (CRT) Program (Colorado Springs):</b>  A team consisting of a police officer, an EMT professional, and an AspenPointe licensed clinician responds to 911 calls that involve mental illness. Since it began in 2014, CRT has diverted 91% of 911 calls related to mental health from emergency departments to more appropriate levels of care. In FY16, CRT responded to 1944 calls. Of those engaged, 45% were treated in place, 30% were taken to the CSU, 15% needed to be transported to the emergency departments and 9% were directly admitted to psychiatric facilities.</p> <p><i>Where are the CSUs in this process?</i>  Majority of CSUs are located along I-25 and most of the adult CSUs are in the Denver metro region. Approximately 30% of individuals in the CRT program are taken to CSUs. This is consistent with the walk-in crisis center data where only 25% to 30% of individuals go from the walk-in clinics to CSUs. Most are treated at the walk-in clinics.</p> <p><i>As 15% of individuals are taken to ER, is there an opportunity to take them directly to ACUs (Acute Treatment Unit)?</i> ACUs are locked facilities and they require for people to go to the ER for medical clearance where CSUs do not.</p> <p><i>Mr. Wilson reported that some of the discussions at the Senate Bill 169 Task Force were around the fact that M1 holds in jail have become a default response. Is there a way to determine the primary driver of a call--whether mental health or alcohol and drug--and prevent overlap of services before medical clearance?</i> Sheriff Pelle responded that a common situation would be the case of an intoxicated person showing signs of mental health disorder. The detox centers will not accept the individual because the person has mental health disorder and the mental health facilities refuse the individual because he is intoxicated. In Boulder County, we are trying to develop a system where there is a crisis center where we can take care of those individuals that require detox.</p> <p><b>National Examples of Diversion Programs</b> (see presentation for detailed descriptions)</p> <ul style="list-style-type: none"> <li>• Johnson County, Kansas Co-Responder Program</li> <li>• Bexar County (San Antonio) Texas, Jail Diversion Program</li> <li>• Seattle's LEAD (Law Enforcement Assisted Diversion) Program</li> <li>• Los Angeles' Mental Evaluation Unit</li> <li>• Miami-Dad County, Florida, Criminal Mental Health Project (CMHP)</li> </ul> <p><b>Common Themes</b></p> <ul style="list-style-type: none"> <li>- Cross-systematic oversight</li> <li>- Community Partnerships</li> <li>- Funding streams consistently unsustainable</li> </ul> <p><b>Vision</b></p> <ul style="list-style-type: none"> <li>• Sustainable funding</li> <li>• Workforce needs</li> <li>• Liaison – consumers, community, partners</li> <li>• Prevention and social determinants flexibility</li> <li>• Independent equipment (transportation)</li> </ul>
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	<p><b>Looking Ahead</b></p> <ul style="list-style-type: none"> <li>- “Intercept Zero”: Assessing for Criminogenic Factors, Prevention Programs, Incorporate into community response.</li> <li>- The Alerts Model – Beacon Health Options</li> </ul> <p style="text-align: center;"><b><u>Justice Connect &amp; A Community Crisis Response</u></b></p> <p>Tina Gonzales from Colorado Health Partnerships (CHP) (a public/private partnership providing mental health services to Medicaid eligible members in southern and western Colorado) discussed a project that involves identifying Medicaid members who are booked into the county jails in the areas served by CHP to connect them with services. Tina discussed:</p> <ul style="list-style-type: none"> <li>• Description of the Alert Process (see full presentation)</li> <li>• Intended outcomes</li> <li>• Barriers</li> <li>• Elements: Sustainable funding stream, Community Partnership, Clarification of responsibility.</li> </ul> <p>Kim English discussed Evidence-Based and Recommended Practices at the Sequential Intercepts and provided a handout to the group (available online at <a href="http://colorado.gov/ccjj/under-MentalHealthJailsTaskForceMaterials">colorado.gov/ccjj/under - Mental Health/Jails Task Force, "Materials"</a>).</p> <p>Ms. English commented that there is very little research on evidence-based interventions at each intercept and there are promising practices.</p> <p>Ms. English agreed with Mr. Gur’s presentation with regards to the importance of “Intercept 0” (before the law enforcement intercept) and the need for early diversion. Highlights of handout:</p> <p><b>Intercepts</b></p> <ul style="list-style-type: none"> <li>• Intercept 1 – Law Enforcement</li> <li>• Intercept 2 – Initial Detention / Initial court hearings. Diversion for municipal courts has been identified as important as well as the process of screening for mental illness at all point of intercepts.</li> <li>• Intercept 3 – Jails/Courts</li> <li>• Intercept 4 – Re-entry</li> <li>• Intercept 5 – Community Corrections (probation/parole)</li> </ul> <p><b>Necessary elements of an effective diversion program</b></p> <p><b>Evidence-based practices for recovery</b></p> <p><b>Promising practices for recovery</b></p> <p>Ms. English pointed out a study (Skeem et al, 2011) mentioned in Footnote 3 which discusses the importance of focusing on criminogenic needs when treating individuals with mental illness who enter the justice system; focusing only on clinical needs does not reduce recidivism.</p>
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<p><b>Issue/Topic:</b></p>	<p>Mr. Stroker reiterated that the topic areas within the general area of “Diversion from the Criminal Justice System are: 1) <i>M1 cases</i>, 2) <i>Efforts involving law enforcement</i>, 3) <i>Joint efforts involving law enforcement and behavioral health</i> and, 4) <i>Community behavioral health options</i>.</p> <p>Mr. Stroker added that, in listening to the discussions and presentations today, the group seems particularly interested in the joint behavioral health and law enforcement efforts, and maybe there would be interest in developing a <b>change response model</b>. While there are many individual models that serve their community well, Mr. Stroker noted the following common key principles seem to be involved when efforts were successful:</p> <p><b>Change Response Model</b></p> <ol style="list-style-type: none"> <li>1. Early identification and prevention</li> <li>2. Cross-agency oversight</li> <li>3. Leadership</li> <li>4. Sustainable funding</li> <li>5. Cross-agency staffing – Case management</li> <li>6. Consumers/Partners/Community – More awareness of Intercept ‘Zero’ – Prevention</li> <li>7. Consider objective risk assessment information</li> </ol> <p>Mr. Stroker proposed that the group agree on the general topics of work and form working groups with the charge of bringing back to the October meeting specific ideas for the Task Force to consider. At the November meeting, the group will be reaching agreement on those elements and will begin to develop recommendations and define whether the recommendations would require legislation, changes to agency policies or inter-agency work.</p> <p>Diversion from CJ system (<i>this title was later changed to</i> <b>Changing Responses to Behavioral Health Needs</b>)</p> <p>It was suggested to not label this “Diversion” as Diversion has a very distinct meaning within the criminal justice system. To most in the criminal justice arena, Diversion occurs because someone committed a crime. It was express the concern of criminalizing mental illness just by using the word diversion. Mr. Stroker proposed the title “Changing Responses to Behavioral Health Needs”.</p> <p><b>(a) M1 cases</b></p> <p><i>Is this still of interest for this Task Force or does this duplicate with Senate Bill 169 Task Force’s efforts?</i></p> <p>The lack of resources affects M1 cases on the front end of the system as well as further down in our model. M1 cases and the request for 72-hour holds are going to be recurring issues along the intercept model. When we are talking about M1 cases, we are talking about more serious, acute cases, for example, someone trying to hurt themselves, and the law requires holds when individuals are danger to themselves or others.</p> <p>The group agreed to continue working on this topic and the members of the working group are Doug Wilson, Lenya Robinson, Abigail Tucker, and Norm Mueller. The working group should propose up to 3 recommendations for the Task Force to consider.</p>
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	<p><b>(b) Efforts involving law enforcement</b></p> <p>Sheriff Pelle informed the group that there is available funding in Colorado to train peace officers in CIT. CIT is a 40-hour intensive training. The difficulty in mandating CIT training is that, even though small counties may be able to pay for the training, it impacts an agency with few staff as it is challenging to send an officer away for such a long period. With the EDGE program, Boulder County started the Mental Health First Aid® training (8 hours). The training is a good refresher as most of the officers have had CIT training. MHFA helps officers identify individuals with mental illness and trains officers in the use of de-escalation techniques. Sheriff Pelle commented that state law requires peace officers to have First Aid and CPR training but there is no law requiring Mental Health First Aid. MHFA training would be a more valuable mandate than the 40-hour course involved with CIT training.</p> <p>It was suggested that Mental Health First Aid training could promote a universal language regarding mental health if the training included members of the community (teachers, health care providers, faith communities, etc.). It is not a specific training for law enforcement like the CIT training.</p> <p>The group agreed to continue working on this topic and the members of the working group are Sheriff Pelle, Frank Cornelia, Jeff Goetz.</p> <p><b>(c) Joint efforts involving LE and behavioral health</b></p> <p>There are existing successful models and the work of the group is to identify the “common denominator”. As the principles have already been identified, what would be the mechanisms to implement a system of response?</p> <p>The group agreed to continue working on this topic and the members of the working group are Matthew Meyer, Moses Gur, Regi Huerter and Jeff Goetz. Ms. English suggested that the working group review the Bexar County (San Antonio) Texas, Jail Diversion Program.</p> <p><b>(d) Community behavioral health options or system opportunities</b></p> <p>It was suggested that this group examine the Criminal Mental Health Program in Miami-Dade as it is seen as a model.</p> <p>The group agreed to continue working on this topic and the members of the working group are Tina Gonzales, Abigail Tucker, Gwendolyn West, Evelyn Leslie and Val Corzie.</p> <p>Mr. Stroker reminded the group that the options discussed by the working groups will be refined at the Task Force meeting in October. Once the ideas are approved by the Task Force, the language of the recommendation(s) will be developed and data gathering to support the recommendation(s).</p>
<p><b>Issue/Topic:</b></p> <p><b>Next Meeting and Public Comment</b></p>	<p>Sheriff Pelle thanked the attendees and presenters and confirmed that next Task Force meeting is scheduled for October 13 from 1:30pm – 4:30 pm at 700 Kipling St., 4<sup>th</sup> Floor Training room, Lakewood.</p> <p>The group discussed November meeting and decided to meet on November 10, from 9 am – 12 pm at <i>690 Kipling St. Lakewood CO</i> (location subsequently determined).</p>



<b>Action:</b>	Sheriff Pelle asked if there were any public comments. Seeing none, the meeting was adjourned.
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**Adjourned:** 4:30 pm

**Next meeting:** October 13<sup>th</sup>, 700 Kipling, 4<sup>th</sup> Floor training Room, 1:30 – 4:30pm