

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

Minutes

October 13, 2016 1:30PM-4:30PM
700 Kipling, 4th floor Training Room

ATTENDEES:

CHAIR

Joe Pelle, Boulder County Sheriff

TASK FORCE MEMBERS

Frank Cornelia, Colorado Behavioral Healthcare Council
Jeff Goetz, Colorado Jail Association
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
Norm Mueller, Defense Bar
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

ABSENT

Tina Gonzales, Colorado Health Partnerships
Michael Vallejos, 2nd Judicial District

STAFF

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

GUESTS:

Jesse Jensen, CACP
Moses Gur, CBHC
Gwendolyn West, Equitas Foundation
Gina Shimeall, Mental Health Court – 18th JD
Adam Zarrin, Governor’s Office
Val Corzine, Orchid Mental Health Legal Advocacy
Vincent Atchity, Equitas Foundation
Carolyn Kampman, Governor’s Office, JBC

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| <p>Issue/Topic:</p> <p>Welcome/Introductions</p> | <p>Sheriff Pelle welcomed the group and opened the meeting by asking members and the audience to introduce themselves and who they represent.</p> |
| <p>Issue/Topic:</p> <p>Senate Bill 169 Task Force Update</p> | <p>Mr. Doug Wilson informed the group that the Senate Bill 169 Task Force met last week.</p> <p>The Senate Bill 169 Task Force heard from national speakers who shared their experience and gave some ideas for the group to consider. A very clear mandate for Senate Bill 169 Task Force is that jails cannot/shall not/will not be used for the housing of those who are mentally ill and not charged with a crime.</p> <p>Mr. Wilson will share the recommendations that come from this task force/working group regarding M1 cases at the next Senate Bill Task Force meeting on October 18.</p> <p>A report should be produced by January 1, 2017.</p> |
| <p>Issue/Topic:</p> <p>Work Group Report Back and Discussion</p> | <p>Mr. Stroker reminded the group that this task force decided on three issues to take on in sequential order:</p> <ol style="list-style-type: none"> 1. Changing responses to behavioral health needs (<i>originally called this "Diversion from the CJ system" and later renamed</i>). Four working groups were formed to address this issue: <ol style="list-style-type: none"> a. M1 cases b. Law enforcement c. Joint law enforcement/behavioral health options d. Community resources <p>At the last meeting on September 8, the working groups were tasked to propose three or four recommendations for the task force's consideration.</p> <p>a. M1 cases</p> <p>A handout of the M1 Cases Working Group was included in the meeting materials.</p> <p>The members of the working group are Doug Wilson, Lenya Robinson, Abigail Tucker and Norm Mueller. The group proposed the following recommendations:</p> |

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| <p>Issue/Topic:</p> <p>Work Group Report Back and Discussion</p> | <p>(1) Eliminate jails and correctional facilities from use for M-1 holds;</p> <p>(2) Allow a third alternative for a 72 hour treatment and evaluation by outpatient mental health facilities. This would allow a court to order a person in need of treatment to an outpatient, not inpatient, facility while still maintaining the present procedures for inpatient M1s. Peer support should be required at the outpatient facilities to help with explanation of rights and support. Proposed amended language to C.R.S. 27-65-105 was attached to the recommendation.</p> <p>(3) Review and evaluate the interpretation and enforcement of the Supreme Court's 1999 Olmstead Decision at our state Institutes of Mental Health Care (CMHIFL and CMHIP). The purpose of this review and evaluation is to dually ensure that individuals with serious mental illness who are not appropriate for community level care are being served by our Institutes with goal of discharge and community recovery and that individuals being served by our Institutes are consistently evaluated for readiness to return to the community.</p> <p>DISCUSSION:</p> <p><i>With recommendation (1), how would an outpatient facility maintain a person for 72 hours?</i></p> <p>Many of the outpatient clinics can make referrals to other designated facilities that could hold M1s.</p> <p>Peer supports in the mental health facilities would have the capacity to do voluntary assessment/evaluation of treatment and increase the level of care if it was determined that the person was an imminent danger to self or others.</p> <p>In the proposed rewrite of CRS 27-65-105 (provided in the meeting materials) Dr. Fox suggested adding the following (in underlined, bold): "<i>When any person appears to have a mental illness and, as a result of such mental illness is in need of immediate evaluation and treatment...</i>"</p> <p>Dr. Fox believed that the mention of "imminence" can accelerate processes and enable prompt evaluation for services.</p> <p>Dr. Fox and Doug Wilson agreed to discuss further the possible unintended consequences that could result with the use of the words "immediate" or "imminent" in the statutes.</p> <p><i>What is the alternative to jails for M1 cases?</i> Law enforcement officers are very often challenged to find places that would accept individuals in crisis with an acute need for care and, as a result, officers have no other choice than holding those individuals in jails so they are in a safe and secure environment. Sheriff Pelle agreed with the concept of eliminating the jails and correctional facilities and agreed with an outpatient option for many of the population in need of mental health services but resources must be identified for the most acute cases.</p> |
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| <p>Issue/Topic:</p> <p>Work Group Report Back and Discussion</p> | <p>Dr. Tucker suggested that, in part, the recommendation (3) of the M1 Cases Working Group as well as the recommendations brought forth by the Community Resources Working Group might address that issue.</p> <p>Mr. Stroker proposed to hear from the Community Resources Working Group after the presentation from the M1 Cases Working Group to talk about community options and services that could support alternative solutions to the elimination of jails.</p> <p>The intent of this recommendation is to realign and shift the response in the behavioral health system. The supervision of individuals in need of behavioral health treatment should be undertaken by the behavioral health system and not the criminal justice system.</p> <p>In many counties, there are existing systems outside of jails and the recommendations coming out of this Task Force should include sustainability of those programs. Some counties have more resources than others and funding should be addressed.</p> <p>It was suggested that the M1 Cases Working Group examine section C.R.S. 27-81 and 27-82 as it allows protective custody for people who are suspected to be under the influence of alcohol and drug and could be placed in jails without a charge.</p> <p>Dr. Tucker explained recommendation (3) "<i>Olmstead Review</i>." The focus of this recommendation is on M1 cases, particularly on individuals labelled as jail "frequent flyers" and how to keep them out of jail. Generally speaking, individuals who are in need of long term and high level of care are served in the State Institutes and the Working Group discussed how the Olmstead Review could impact the bed capacity in the state mental health institutes.</p> <p><i>What is the Olmstead Review? In 1999 the Supreme Court construed Title II of the Americans with Disabilities Act (ADA) to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities. The Department of Justice regulations implementing Title II of the ADA require public entities to administer their services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.</i></p> <p>The Working Group recommends an increase in the number of beds to accommodate individuals who are frequent flyers and in need of acute care while ensuring compliance with Olmstead.</p> <p>A few years ago, the Office of Behavioral Health (OBH) was granted funding for services to help support the transition of people coming out of the state mental health institutes. A Board was formed to review these cases and discuss how to</p> |
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| <p>Issue/Topic:</p> <p>Work Group Report Back and Discussion</p> | <p>help facilitate this transition (housing, treatment, etc.).</p> <p>Dr. Fox explained that the Department of Human Services (DHS), Office of Behavioral Health (OBH) focuses on ensuring that individuals who are ready to be discharged from the state institutes have a place to go in the community. The transition money discussed above has been instrumental in helping individuals find appropriate residential settings in the community and in ensuring coordination between the residential facility and the local mental health center. Readmissions in the same facilities are tracked and the OBH is exploring ways to get more timely data.</p> <p>It is important to carefully evaluate releases from the mental health institutes and better understand what the discharge criteria are so the risks for individuals to circle back to M1 status are reduced.</p> <p>In sum, the M1 Cases Working Group recommends 1) to eliminate the jails and correctional facilities to hold people in M1 situations, 2) to expand the opportunities to use certain facilities for other types of behavioral health situations, and 3) to examine the transition and reentry process for people coming out of Institutes to ensure the maximum use of beds.</p> <p>The Task Force changed the order of the agenda and heard from the Community Resources Working Group that may address questions asked during the discussion of the recommendations from the M1 Cases Working group: <i>what would be the alternative community placements if jails are no longer an option?</i></p> <p>d. Community Resources Working Group Handouts were included in the meeting materials.</p> <p>Dr. Tucker reported on behalf of Tina Gonzales who was absent. She thanked the other members of the working group: Tina Gonzales, Gwendolyn West, Val Corzine, and Evelyn Leslie. Dr. Tucker summarized that the focus of this Working Group is to provide recommendations on how to support the behavioral health system that would be receiving the additional care.</p> <p><i>(1) Strengthen the crisis system's ability to respond in all Colorado communities</i></p> <p><i>(2) Enhance work force development</i></p> <p><i>(3) Enhance the partnership between healthcare systems and systems addressing social determinants as well as create administrative alignment (rules & regulations) across agencies.</i></p> <p>DISCUSSION:</p> <p>Dr. Tucker commented that recommendation (1) is consistent with the Governor's crisis center initiative and the statewide focus to create a more</p> |
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| <p style="text-align: center;">Issue/Topic:</p> <p style="text-align: center;">Work Group Report Back and Discussion</p> | <p>sustainable crisis system by expanding both funding and crisis center sites.</p> <p>Dr. Fox mentioned that he recently heard about a regional crisis stabilization unit that had very low utilization of beds and expressed concern that some CSU facilities may not be very cost-effective. What are the incentives or barriers to fully use these facilities or is it a problem only identified in particular regions? A possible answer was offered that individuals may be counted and reimbursed in different systems.</p> <p>Is that utilization based on actual need or on existing capacity?</p> <p>For example, it is challenging for facilities to accept individuals with acute conditions because of the level of staffing required. The burden then remains with the law enforcement officer who, as the first responder, has the ability to put somebody in the jail to provide that level of supervision.</p> <p>Sheriff Pelle added that his office hires contractors to monitor and prevent self-destructive behavior.</p> <p>Sheriff Pelle reiterated his full support of eliminating jails as an option to hold M1s with the condition that alternative options are clearly identified.</p> <p>Mr. Stroker posed this question to the group: “what other options will be recommended if jails no longer hold M1s?”</p> <p>Mr. Stroker proposed that the M1 Cases Working Group and the Community Resources Working Groups form a “Super” Working Group to explore alternatives to the use of jails for M1 cases.</p> <p>b. Efforts involving Law Enforcement Working Group</p> <p>Sheriff Pelle reported that the Working Group is composed of Jeff Goetz, Frank Cornelia, Jesse Hansen and himself.</p> <p>The working group will meet one more time to finalize its recommendations that will be distributed at the next Task Force meeting.</p> <p>The Working Group is focusing on training for law enforcement officer in two forms:</p> <ol style="list-style-type: none"> 1. Crisis Intervention Team (CIT) training: This is 40-hour course and there are approximately 1100 law enforcement officers trained in Colorado, mostly in the Front Range and Metro Area. This training may be more challenging in the rural areas mainly because of staffing issues (officers are off the street for a week). The group is discussing how to incentivize CIT training. 2. Mental Health First Aid: This is an 8-hour curriculum and offered to first responders but also members of public. Sheriff Pelle commented that positive results are expected with this type of training. A meeting will be arranged with POST representatives to discuss how to provide mental health first aid training at the |
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| <p style="text-align: center;">Issue/Topic:</p> <p style="text-align: center;">Work Group Report Back and Discussion</p> | <p style="text-align: center;">Academy.</p> <p>c. Joint Efforts Involving Law Enforcement & Behavioral Health/Mental Health Working Group</p> <p>Handouts were included in the meeting materials.</p> <p>The Working Group consists of Jeff Goetz, Moses Gur and Matthew Meyer.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. <i>Establish dedicated funding for community diversion programs.</i> Colorado communities already have experience establishing promising diversion programs with non-sustainable funding (i.e., grants). Dedicated funding for partnerships will allow for more programs to develop and remain active on a sustainable basis. 2. <i>Develop best-practices for police/clinician (and EMT when available) joint response.</i> Promising programs are in full operation currently and can provide lessons learned and best practices for new programs. 3. <i>Allow for more flexibility in dispatching.</i> Allow dispatch to facilitate a warm-handoff to a crisis line or a joint-response (i.e., send mobile crisis team, or send a police officer to back up a clinician). These approaches have demonstrated promising outcomes. 4. <i>Enhance the diversion workforce through the use of peers.</i> Peer support specialists have demonstrated promising outcomes in supporting diversion efforts. 5. <i>Develop, regulate and support joint follow-up, outreach, and case management programs.</i> Programs that utilize a co-responder model and proactive services are demonstrating promising outcomes. CIT-trained officers engaging in outreach and follow-up (after a diversion response) have promoted a community-policing model that supports stronger relationships. These opportunities are promising in developing a “new-type of response” for individuals and families with behavioral health concerns. 6. <i>Dedicate a percentage of funding to the promotion of a joint-response to help consumers.</i> The majority of communities, including behavioral health communities, promote calling 911 or an ambulance for behavioral health crises. National models for messaging and promotion of co-responders, CIT teams, and other community options are available and should be replicated. |
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| <p>Issue/Topic:</p> <p>Work Group Report Back and Discussion</p> | <p>DISCUSSION:</p> <p>The joint response programs implemented in various jurisdictions have shown very positive outcomes and are appropriate for individuals who are in crisis and willing to cooperate. The issue remains for people who are in acute situations and who require a high level of care but who are not cooperative. In most of these cases, hospitals won't accept those individuals.</p> <p>All the systems (hospitals, the state mental health institutes, private inpatient facilities, etc.) face the same limitations either because of Olmstead or due to the limited number of beds available with the appropriate staffing for individuals who require high level of care.</p> <p>The recommendations for new and innovative JOINT responses to those in crisis would decrease the number of M1 holds.</p> <p><i>How can we develop a regional or statewide approach?</i></p> <p>The Working Group recommended a collaborative funding approach. The collaboration could be a mechanism to not only support the ongoing program but to foster the joint efforts of the mental health system and law enforcement. Key elements for successful programming as well as mechanisms for funding should be clearly defined so jurisdictions can implement and sustain those models individually.</p> <p>It was suggested to quantify the number of people who would be impacted by these recommendations and include an analysis of the cost avoidance. In most jails in Colorado, about 40-50% of inmates have mental health issues and out of this population, approximately 10% are in acute stage.</p> <p>It is also critical to address the sustainability of funding.</p> <p>Mr. Stroker summarized that the recommendations from this working group are 1) to advocate for co-responder model/law enforcement and mental health professionals 2) to define the key elements of such model and 3) to suggest the development of method for collaborative funding.</p> |
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| <p>Issue/Topic:</p> <p>Other Topics</p> | <p>Mr. Wilson mentioned that a bill has been drafted in the legislature that relates to the reentry services for persons with mental illness in the criminal justice system. The bill directs the Division of Housing in the Department of Local Affairs to establish a program to provide vouchers and supportive services to persons with mental illness who are being released from the department of corrections or jail. Mr. Wilson believed that while the intend of the bill is commendable, he also expressed concern of the potential adverse consequences that could result from this bill and suggested that more people may be in the custody of jails or DOC because they will be sentenced to receive services.</p> |
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| <p>Issue/Topic: Other Topics</p> | <p>Ms. Gina Shimeall responded that the MICJS Oversight Committee, the source of the draft bill, discussed this topic at length and that they do not believe that this will have such intended consequences. There are presently more housing opportunities for individuals who are not involved in the criminal justice system than for those with a criminal record.</p> <p>Mr. Wilson suggested extending the opportunity to people coming out of the state mental health institutions.</p> <p>Mr. Smith mentioned that there are currently vouchers available for people coming out of the Institutes.</p> |
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| <p>Issue/Topic: Public Comments</p> | <p>Ms. Corzine expressed that the most significant issue is the lack of resources. Mental health facilities have limited amount of beds and triage their admissions based on available resources. There are lots of people who meet the criteria for mentally ill/disabled and there are no resources for them. Ms. Corzine suggested that if the task force wordsmith the statutes, it should be to mandate that the state serve these people.</p> <p>Mr. Wilson responded that the mandate of the Task Force is to address the topics of 1) diversion from the criminal justice system for those with behavioral health issues, 2) jails with individuals in custody, and 3) wrap around services to keep individuals from returning to jails.</p> <p>Ms. Val Corzine asked for clarification about the charge of the CCJJ and added that the primary concerns of the mental health community are the lack of housing and services which often drives the need for crisis services.</p> <p>Sheriff Pelle agreed that there are numerous transitional issues that affect individuals with behavioral health issues but responded that this Task Force has decided to focus specifically on the diverting people with mental health issues away from the criminal justice system and shifting them to the mental health and medical systems.</p> |
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| <p>Issue/Topic: Next Steps Next Meeting</p> <p>Action:</p> | <p>Mr. Stroker summarized the following next step:</p> <ol style="list-style-type: none"> 1. Form a "Super" Working Group The members of the working group are Abigail Tucker, Patrick Fox, Charles Smith, Doug Wilson, Franck Cornelia, Lenya Robinson and Joe Pelle. The group will be looking at the elements contained in recommendations (2) and (3) from the M1 Cases Working Group as well as the recommendations from the Community Resources Working Group. The question to answer is "If jails are no longer an option to hold M1s, what is the alternative?" 2. Law Enforcement Efforts Working Group This group will continue its work to recommend basic mental health |
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| <p>Issue/Topic: Next Steps Next Meeting</p> <p>Action:</p> | <p>training for law enforcement as well as specific modules and how to incorporate these training into in-service training efforts.</p> <p>3. Law Enforcement & Behavioral Health Joint Initiative This Working Group will discuss the key elements of a model response in which law enforcement and mental health professionals work together and methods for funding that model.</p> <p>Next meeting is on November 10, from 9 am – 12 pm at 690 Kipling St. Lakewood CO.</p> <p>Sheriff Pelle asked if there were any public comments. Seeing none, the meeting was adjourned.</p> |
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Adjourned: 4:30 pm

Next meeting: November 10, 2016 – 690 Kipling, 1st Floor Conference room 9:00 – 12:00pm