

Mental Health/Jails Task Force
Colorado Commission on Criminal and Juvenile Justice
Minutes

January 12, 2017 1:30PM-4:30PM
700 Kipling, 4th Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Jamison Brown, Colorado Jail Association
Frank Cornelia, Colorado Behavioral Healthcare Council
Charles Garcia, CCJJ Member At-Large (phone)
Jeff Goetz, Colorado Jail Association
Tina Gonzales, Colorado Health Partnerships
Evelyn Leslie, Private Mental Health Providers
Matthew Meyer, Mental Health Partners
Joe Morales, Parole Board
Norm Mueller, Defense Bar
Lenya Robinson, Healthcare Policy and Financing
Abigail Tucker, Community Reach Centers
Doug Wilson, State Public Defender

ABSENT

John Cooke, State Senator, District 13
Patrick Fox, Officer of Behavioral Health
Joe Pelle, Boulder County Sheriff
Charles Smith, Substance Abuse and Mental Health Services Administration
Michael Vallejos, 2nd Judicial District
Dave Weaver, County Commissioner

STAFF

Richard Stroker, CCJJ consultant
Kim English, Division of Criminal Justice
Germaine Miera, Division of Criminal Justice

GUESTS:

Moses Gur, CBHC
Gina Shimeall, Criminal Defense Attorney
Adam Zarrin, Governor's Office

<p>Issue/Topic: Welcome and Introductions</p>	<p>Discussion:</p> <p>Commission consultant Richard Stroker led the meeting in place of Task Force Chair Sheriff Pelle who was out of town at a work conference. Sheriff Pelle joined the meeting for the first part of the agenda via phone.</p> <p>Richard welcomed the group and explained that the majority of the meeting would be dedicated to discussing the 4 recommendations produced by the Task Force and scheduled for a final vote at the full Commission meeting on Friday, January 13th. He noted that the preliminary recommendations were presented to the CCJJ in December and that there was some feedback and requests to strengthen various areas of the recommendations prior to tomorrow’s final vote. Richard added that after the final recommendations are vetted during this meeting he would like the group to discuss next steps for approaching the Task Force’s 2nd area of work.</p> <p>Richard asked attendees to introduce themselves, reviewed the agenda and began the meeting at 1:34.</p>
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<p>Issue/Topic: Senate Bill 169 Mental Health Holds Task Force Update</p> <p>Action:</p> <ul style="list-style-type: none"> No action needed 	<p>Discussion:</p> <p>Richard asked Doug Wilson to provide an update on the work of the Senate Bill 169 Mental Health Holds Task Force.</p> <p><i>DISCUSSION POINTS</i></p> <ul style="list-style-type: none"> Doug explained that the Task Force submitted its final report, which included 8 recommendations, on New Year’s Eve. Recommendation #1 from the Task Force calls to ‘End the Use of Law Enforcement Facilities for M-1 Holds’ which was the primary reason the Task Force was created in the first place. This recommendation was overwhelmingly approved by Mental Health Holds Task Force members. Another element of the recommendations was that in regions where there are currently sufficient resources and capabilities, the use of jails should be suspended immediately. Additionally, in regions <u>without</u> sufficient resources currently there should be a ‘phased-in’ approach with jails across the state no longer being used for M1 holds, one way or another, by January 2018. Starting January 2018 M1 Holds, where someone is not charged, convicted or sentenced of crime, may not be held in county jails. The treatment someone receives instead is dependent on resources in the community. Doug noted that there is some overlap between the CCJJ MH/Jails Task Force recommendations and the SB169/Mental Health Holds Task Force, but that the CCJJ recommendations #1 and #2 are directly in-line with the Mental Health Holds Task Force recommendations.
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<p style="text-align: center;">Issue/Topic:</p> <p style="text-align: center;">Mental Health/Jails Task Force Recommendation Presentation to the CCJJ</p> <p style="text-align: center;">Action:</p> <ul style="list-style-type: none"> • Appendix C will be on hand at the Commission meeting in case it is needed 	<p style="text-align: center;">Discussion:</p> <p>Abigail Tucker and Frank Cornelia presented the outcomes from the preliminary presentation of recommendations to the CCJJ at its December, 2016 meeting.</p> <p>Frank explained that prior to the recommendation presentation to the CCJJ, he provided Commissioners with an overview of the Crisis system as a whole. Frank explained that after the overview he presented recommendations FY17-MH #01 and #02. Sheriff Pelle then presented recommendations FY17-MH #03 and #04 to Commissioners. All of the feedback from Commissioners was generally positive.</p> <p><i>DISCUSSION POINTS</i></p> <p>FY17-MH #01 Strengthening a Community Based Crisis Response, and FY17-MH #02 Changes to Emergency Mental Health Commitment Statute</p> <ul style="list-style-type: none"> • Frank explained that the Working Group has been working with legislative drafter Jane Ritter, and that she has provided draft language that incorporates the recommendations into draft bill language. • The bill draft includes portions of recommendation #1 and Jane also incorporated language addressing the purpose and intent for the Crisis System. He explained that Task Force members have copies of this draft in their packets. • The draft document directs the Office of Behavioral Health (OBH) to take specific policy actions since they have authority for contract services. • Since the draft language calls for specific action by OBH, it has been shared with OBH stakeholders in order to obtain their feedback. • The goal of this additional detail regarding OBH was to demonstrate to the CCJJ that pieces are in place to support the recommendation. • There are three legs to the stool of this recommendation; draft statutory changes, policy direction, and commitment of resources by the state to support the recommendations. • Frank explained that the Working Group has created an Appendix C that could be attached to the recommendation and provides even more detail and directives for OBH. There is concern; however, that being too overly prescriptive could backfire. • Doug noted that in the past Commissioners have voted against recommendations that were too prescriptive, yet they've also voted against recommendations that didn't have enough detail. • There's concern about getting too bogged down in the weeds about what OBH will or won't do, before there's even draft language. • Doug explained that the focus should be on getting the CCJJ to understand and pass the recommendations, and that it will be up to OBH, the Governor's Office and the legislature to determine support and next steps. • The Governor has already committed money toward this effort and the group shouldn't get too much into minutia at this point. • Abigail explained that she and Moses Gur attended a 27/65 Advisory Committee meeting to explain the recommendations and that the Advisory Committee supported the recommendations from a peer recovery perspective.
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- As for the proposed Appendix C, there should be a degree of organic change that happens to every recommendation and policy change. It can backfire to get too detailed at the onset and then be locked into something.
- The Working Group has identified what they want to see happen and they've networked with appropriate agencies to see how they would receive this direction. Maybe it's enough to simply report that there has been dialogue with stakeholders at OBH and that there is every indication to believe this is consistent with their understanding.
- OBH is on board with the goal of the recommendations and is aware of the specifics.
- The Governor's Office is also on board with a commitment of resources to be able to support the plan.
- Adam Zarrin agreed that recommendations #1 and #2 along with the details in Appendix C are in alignment with the Governor's SB169 veto letter from last session. That veto letter included feedback from HCPF, Department of Human Services and other agencies that agreed that people with mental illness should not be held in jails or prisons.
- These recommendations reflect what the Governor feels is right for Colorado.
- Adam explained that four million dollars has been set aside from Senate Bill 169, and another four million is available if concrete recommendations are identified.
- The Task Force members agreed to have Appendix C on hand for the Commission meeting, but would not distribute it unless it appeared to be warranted.
- Adam added that in the Governor's State of the State address earlier today he offered a comprehensive plan for behavioral health.
- Supplemental money may be made available upon request and there may be more money available next year as well.
- Adam and Doug agreed to meet and discuss the financial details further.
- Jeff Goetz noted that the County Sheriffs of Colorado (CSOC) holds quarterly meetings and that it would be beneficial to ask Chris Johnson to provide a report to the sheriffs about the progress of these initiatives. It's important to have the horsepower of CSOC in the loop during the process rather than having decisions being made without their input.
- CSOC meets quarterly and this should be presented at their April meeting so there's some type of dialogue with that group.
- Jeff noted that both Chris Johnson and Sheriff McKee participated on the Mental Health Holds Task Force and both voted in support of that group's recommendations, which is a positive sign.
- Tina Gonzales added that it would still be helpful to try to determine how many people this will actually impact.

	<p>FY17-MH #03 Review and include the Mental Health First Aid curriculum for peace officer in-service training through POST and, FY17-MH #04 Introduce Mental Health First Aid curriculum for inclusion in the POST basic academy</p> <ul style="list-style-type: none"> • Frank reported that the CCJJ was impressed with the fact that there was already money dedicated to this effort. • The Commission had no other questions or feedback on these two recommendations.
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Issue/Topic:	Discussion:
<p>Mental Health/Jails Task Force: Work area #2 – Provision of Mental Health Services in Jail</p> <p>Action:</p> <ul style="list-style-type: none"> • Task Force to reconvene in February to make a determination about which topic area to pursue next 	<p>Richard reminded Task Force members that when the group originally got underway they identified three topic/interest areas for study. The first area was around M1 Holds and the Crisis Response System – and this topic area has been addressed through the four recommendations currently under consideration by the Commission.</p> <p>The next two topic areas were identified as:</p> <ul style="list-style-type: none"> • Topic 2: Provision of Mental Health services IN jail, and • Topic 3: Diversion within the criminal justice system <p><i>DISCUSSION POINTS</i></p> <ul style="list-style-type: none"> • The work in Topic area 2 will focus on individuals in the jail who present a variety of mental health issues. • One goal was to examine some of the critical issues associated with provision of services, and identifying and delivering services to those people with mental health issues who are in the criminal justice system. • Richard asked Task Force members to think about a timeline for the work and to think about establishing Working Groups to identifying critical issues. • Richard noted that he would like to begin by asking the group to identify what they see as critical issues under Topic area 2. <p>Topic 2: Provision of Mental Health services IN jail – Critical Issues</p> <ul style="list-style-type: none"> ➤ Lack of resources in jail ➤ Inability to treat ➤ Ability to deal with chronic mental health issues ➤ Competency ➤ Specialized modules ➤ Consumes larger percentage of staff time ➤ Training for staff ➤ Transition before completion of sentence ➤ Identification of MH/BH issues ➤ Provision of services ➤ Data/Information ➤ Rate of suicide/Suicide prevention ➤ What should services look like

DISCUSSION POINTS

- Many issues depend on the type of county operating the jail. For example three staffers for 500 inmates is not acceptable.
- The smaller the jail the bigger the problem.
- There are significant problems around the ability to deal with the chronic side of issues.
- Some jails have Jail Based Behavioral Health Services (JBBS) to help take some of the work load off the chronic side of issues. However, even though people may be more stabilized than they were when they arrived, they're not well enough to just be released. But the question remains about who deals with them?
- Jails don't typically hire deputies who are trained to work specifically in mental health.
- Denver and Boulder are fairly progressive when it comes to mental health issues, but smaller counties are not equally equipped.
- Additionally there is a blurred line between behavioral health issues and mental health issues and it's often difficult to tell which is which.
- Maybe professionals could be hired to travel around the state to smaller areas to provide services.
- There's also an issue with available data. Adams County is progressive with its newly established dashboard portal that tracks this kind of data.
- Another problem with services in jail is the rate of suicides in Colorado.
- Additionally, providers can be unclear around the myriad of expectations as to what services should look like in jail.
- There are multiple competing expectations. There are multiple agencies saying different things about ideal models.
- There are other issues around competency.
- There is a significant problem with providing services in jail. On any given day the amount of time spent on this issue becomes the number one problem for many jails.
- There needs to be assistance for jails that are 27/65 facilities.
- Jails are legally unable to treat someone who is identified as someone eligible to go to the state hospital.
- At this point in the discussion Doug stated that he believes the Task Force is addressing the issues out of order. He said that if jails are removed as an option for M1's than police chiefs will suggest more illegitimate offense charges to get people into jails.
- Doug said he believes the group is skipping over intercept areas where there could be more positive change regarding diverting people out of the system to begin with.
- If the number of mentally ill in jails (in the first place) could be cut from 40% to 20% it would influence the discussion on how to treat those with mental illness in jail.
- Doug suggested that the group's next area of focus be on Diversions within the criminal justice system because taking 20% of the mentally ill out of the equation will impact the provision of mental health services IN the jail.
- If this group jumps into the study of treatment in jail they will miss the opportunity to get people out of the system.

	<ul style="list-style-type: none"> • Joe Morales stated that he agrees with Doug and that from his prior experience he believes Sheriff’s would be more inclined to agree as well. • Jeff Goetz pointed out that this Task Force is missing DA representation and that they should absolutely be in the room to discuss these issues. • Doug noted that this is a population DA’s should never touch and defenders should never touch. People with mental health issues should never be seen in the criminal justice system. • In many areas, like Denver, police will add a charge to someone and drop them off at the jail because it’s easier than trying to take them to a mental health facility. • If police officers had an easy process to get people into a mental health facility rather than jail it would help them out. Diverting people to a mental health facility would be a much better option. • Norm agreed that it would be better for the entire system to get people with mental health issues and insignificant charges diverted from going to General Sessions court in Denver. • Evelyn Leslie added that there is a great need for clear assessments and treatments for those being diverted. • Doug reiterated that he believes the next study area for the Task Force should be around diversion, which is more in-line with Intercept 2 of the Intercept model. • Richard pointed out that Sheriff Pelle should be involved in this discussion before the Task Force makes a decision one way or the other. • Task Force members agreed to convene at the next meeting and make a decision at that time as to what to focus on in the next area of study. • Richard summarized that the group could either decide to switch the order of topic areas, or possibly even discuss working on both areas at the same time.
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<p>Issue/Topic:</p> <p>NEXT STEPS</p> <p>Action:</p>	<p>Discussion:</p> <p>Richard summarized that the Task Force would reconvene in February to determine the next area of study.</p>
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Next Meeting

February 9, 2017 1:30pm – 4:30pm 700 Kipling, 4th floor training room