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

April 13, 2017 1:30PM-4:00PM
710 Kipling, 3rd Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Joe Pelle, Boulder County Sheriff
Jamison Brown, Colorado Jail Association
Frank Cornelia, Colorado Behavioral Healthcare Council
Patrick Fox, Officer of Behavioral Health
Norm Mueller, Defense Bar
Lenya Robinson, Healthcare Policy and Financing
Abigail Tucker, Community Reach Centers
Doug Wilson, State Public Defender
Matthew Meyer, Mental Health Partners
Charles Smith, Substance Abuse and Mental Health Services Administration
Tina Gonzales, Colorado Health Partnerships

ABSENT

Evelyn Leslie, Private Mental Health Providers
Dave Weaver, County Commissioner
Joe Morales, Parole Board
John Cooke, State Senator, District 13
Charles Garcia, CCJJ Member At-Large
Michael Vallejos, 2nd Judicial District

STAFF

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

GUESTS:

Moses Gur, CBHC
Gina Shimeall, Criminal Defense Attorney
Jennifer Gafford, Denver County Sheriff's Office
Terri Hurst, CCJRC
Anne Mosbach, Douglas County
Cindy Kiefus, Douglas County
Emily Martin, SAMHSA
Gwendolyn West, Equitas Foundation

Issue/Topic:	Discussion:
Welcome and Introductions	Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and reviewed the agenda. He then asked Task Force members and attendees to introduce themselves.

Issue/Topic:	Discussion:
RECAP March meeting outcomes, discussions and focus of efforts **Action:**	Richard Stroker reminded task force members that the group is currently focusing on diversion from jail for people with mental health issues. Richard also reminded the group that they have agreed on the following guiding principles: • Start Diversion early • Early identification and effective assessments/screenings • Focus on opportunity between arrest and sentencing (first appearance-pretrial conferences) • Clinically driven responses • Appropriate services and wrap around services • Leadership from many levels and organization • Not including VRA crime. The goal for today's discussion is to gather information about initiatives occurring across the state and the nation, and to start discussing the core elements of a model or an approach that would divert people with mental health issues from jail.

Issue/Topic:	Discussion:
PRESENTATION Douglas County Mental Health Pretrial Efforts **Action:**	Representatives from Douglas County presented information about their Mental Health Pretrial Efforts. The presenters were: *-Anne Mosbach, Mental Health Initiatives Coordinator, Douglas County* *-Cindy Kiefus, Division Manager, Douglas County* PRESENTATION: Cindy Kiefus began by explaining that Douglas County does not currently have a diversion program, however the county did start a pretrial release supervision program approximately one year ago. The process for the pretrial release supervision program is as follows: • At the advisement hearing, the Judge or the Magistrate has an

opportunity to order a psychological evaluation to be completed before posting bond. The evaluation is done within 72 hours in the jail and the defendants are not released until the evaluation is complete.

- The evaluation guides the pretrial officer on the best way to supervise the defendant while they are out on bond. The evaluation can also include recommended options for treatment along with referrals to mental health centers.

The program is still young and is in the process of being refined and revised. The most recent efforts in Douglas County have focused on coordinating with probation officers in order to offer a continuum of care.

Anne Mosbach added that the Community Mental Health Centers are involved early in the process. The Douglas County Jail has a robust re-entry program which includes VA benefits (if applicable), Medicaid and connections with housing support. Two clinicians from the Community Mental Health Center provide behavioral health services directly in the jail and ensure continuity of care.

The program also sends clinicians and deputies into the community to provide wrap around services. Some of the mental health initiatives include partnering with the Community Justice Services (CJS) to firm up the treatment component of the program. Also, there is a mental health navigator who is a clinician that works with officers and attorneys and participates in the case management.

DISCUSSION:
Are there established standards that prompt the order of a psychiatric evaluation?
There are no established standards and the order of a psychiatric evaluation is at the discretion of the judge or magistrate who usually makes that determination based on the police report or reporting from family members.

How often have these psychiatric evaluations being ordered?
In the past year, about 2 or 3 evaluations were ordered a month. The defendants are usually summoned to pay but when that is not possible, the community justice services pays for the evaluation.

Is Medicaid used to pay for those evaluations?
Medicaid is used if and when the defendant has Medicaid. Many defendants do not have Medicaid.

Lenya Robinson explained that the Behavioral Health Organization (BHO) is responsible for the care coordination and suggested that the mental health navigator should contact the BHO to ensure care coordination once the individuals are released.

How many bond revocations are based on treatment failure?
About 20% of clients have had their bond revoked based on non-compliance with the treatment recommendation.

	To what degree besides the treatment recommendation, are the defendants being helped with insurance eligibility, VA benefits, Medicare coverage, housing, transportation etc.? At this point the available assistance within the program is lacking and this has been identified as an issue that needs to be addressed. The lack of transportation seems to be one of the major problems that leads to non-compliance for the severely mentally ill.

Issue/Topic: REPORT BACK Data and Initiatives **Action:** -Kim to outreach to Arapahoe County about data clarification -Invite a representative from the GAINS Center to attend the next meeting and provide more information on the CASES and MAP initiatives	**Report Back: Data** Two documents including data from Arapahoe County and Adams County were included in the meeting materials. <u>Arapahoe County</u> – *Kim English* Kim noted that at the last meeting, task force members asked a question about what types of crimes people with serious mental illness (SMI) are serving time for. Kim reviewed a handout that showed that in 2015, 13.7% of bookings and classifications were identified as having an Axis I disorder and 26.2% of bookings and classifications were identified as having a substance abuse disorder. Kim said she will reach out to Arapahoe County and clarify the group's request to only include pre-trial data and to include the Booking Count, Average Length of Stay, SMI Rate (of Booking Count) and SMI Count. Kim will send the information via email to the group. <u>Adams County</u> – *Abigail Tucker* The Adams County jail uses a Jail Management System (JMS) along with the electronic health record of the community health resource center. The two datasets connect and are housed in a data warehouse which ensures anonymity regarding the information that is being reported. A unique identifier is assigned which allows the tracking of individuals who return to that specific jail. Abigail reminded members that severe mental illness (SMI) is defined as having a diagnosis and a major impairment of functioning. The SMI includes substance abuse and mental health. <u>Colorado Jail Association</u> – Jamison Brown Jamison reached out to members of the Colorado Jail Association and was told that very few jails are tracking the requested data. Jails report that the most pressing issue for them is that a majority of people (about 70%) are released very quickly from jail, so no data is collected or kept. Most of the screenings are based on self-reported information and there is rarely an official diagnosis. Additionally, in many jurisdictions, the record management systems (medical and

jail) do not 'talk' to each other, so there is very little data on people in jail with SMI.

DISCUSSION:
There is a significant challenge with data collection in jails because approximately 70% of bookings are not assessed and most of the individuals are able to post bond within hours, consequently no screenings or assessments are conducted before release. Assessments are conducted and data is gathered only when individuals are classified.

Several years ago, the Department of Corrections (DOC) conducted mental health screenings within the 1st hour of an inmate's arrival at any DOC facility. Similarly, the counties used to perform screenings upon arrival and booking into the jail.

Report Back: Initiatives

Charlie Smith reached out to SAMHSA's GAINS Center to gather information about pre-trial initiatives across the country, specifically around post arrest/pre-arraignment. The GAINS Center is a technical center that focuses on the behavioral health and justice system (GAINS is an acronym for gather, assess, integrate, network and simulate).

The following programs were identified:

- ***Boulder Diversion Program***: The GAINS Center listed this program as one of the leaders in diversion initiatives in the nation.

- ***Law Enforcement Assisted Diversion*** (LEAD): LEAD is a community-based, pre-booking diversion program with the goals of improving public safety and public order by reducing the unnecessary involvement of people in the justice system.

- ***Center for Alternative Sentencing and Employment Services (CASES) – Manhattan:***
  The mission of the Center for Alternative Sentencing and Employment Services (CASES) is to increase public safety through innovative services that reduce crime and incarceration, improve behavioral health, promote recovery and rehabilitation, and create opportunities for success in the community.

- ***Misdemeanor Arraignment Diversion Project (MAP) - Manhattan***
  MAP is an early intervention model that seeks to decrease the frequency

of arrest and short jail sentences for individuals with mental illness while enhancing the ability of a community to serve those individuals. The program provides them with continuous community-based mental health treatment, appropriate housing, and other supports.

The CASES and the MAP programs have been evaluated by the GAINS center. After the discussion Task Force members agreed to invite a representative from the GAINS Center to the next meeting to discuss these two programs.

It was noted that the Justice Center of the Council of State Governments recently released an extremely informative report entitled "Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements". Another innovative program is the "Stepping Up" initiative which is a campaign that aims to reduce the number of people with mental illness in Jails.

There are also some examples around the country of programs experimenting with conducting virtual interviews where officers are equipped with video portals in their cars that can connect with co-responders who conduct virtual clinical evaluations.

DISCUSSION

Patrick Fox added that cost-benefit information is available from the University of Washington on the implementation of the LEAD program in Seattle.

Sheriff Pelle commented that some of the programs like the EDGE program in Boulder and LEAD lean more toward response models than diversion programs. He reminded Task Force members that the focus of the group is to divert individuals 'out' of the system who have been arrested.

Patrick responded that in Seattle's LEAD program, individuals are not adjudicated and are considered to be diverted from involvement in the system.

It is important to establish trigger points with all these programs and to determine who has the authority to be the decision maker. Richard Stroker suggested that the group should look at other jurisdictions and models to make that determination.

Charlie noted that both the CASES and the MAP programs seem to be in line with the discussion around diverting people out of the system with mental health issues. He reiterated that he will check with the GAINS Center about presenting at the next meeting to discuss how people with mental illness are diverted between post-arrest and pre-arraignment.

Joe Pelle explained that in Boulder County, Community Justice Services would seem to be the more appropriate place for interviews and assessments, and for

decisions to be made about diverting some low level offenders into services rather than justice system.

The issue remains that not of all the counties in Colorado have community justice and/or pretrial services. Smaller jurisdictions either can't or don't have the capacity for pretrial services. Only 15 counties in Colorado offer pretrial services.

Richard Stroker suggested identifying existing models while recognizing that pretrial services may not exist everywhere. The next steps for this Task Force would be to develop the core elements of an approach and at least create a model for those jurisdictions that do not have such capabilities.

Joe Pelle expressed that challenges remain about how to conduct early interventions, who has the authority to make that decision and who manages the plan. Joe added that early intervention is also difficult when individuals post bond within hours of their arrest – the result is that the first opportunity to intervene and divert someone doesn't happen until the first appearance.

Considering the first appearance occurs approximately 72 hours after arrest, behavioral health screenings should be conducted during that time period.

Charlie Smith noted that several years ago and in Colorado's county jails, when an individual presented signs of mental illness and met a set of pre-determined of criteria, the individual was transferred to a mental health center within 5 hours of arrests with all charges dropped. The authority at that time was then given to the Forensic Medical Examiner.

The New Haven Court Diversion Program in Connecticut has used this practice for 20 years and the program is affiliated with mental health centers. A diversion team meets before the arraignment and may recommend release for treatment at the arraignment hearing. In this model, the court liaison is a staff member at the Community Mental Health Centers so there is instant communication at the intercept between the court and the mental health center. The Connecticut model has a feedback mechanism to report back to the court whether a person has been compliant, which gives the court some more discretion.

Task Force members discussed exploring the idea of establishing a list of offenses that would classify people to be eligible for treatment and to be referred to mental health centers at the intercept. There should be effective linkage at the intercept and at the mental health center to establish a smooth flow of communication and information.

Is there opportunity for such a program to also use independent centers and not exclusively community mental health centers? The community mental health centers seem to have significant caseloads and may not have the capacity to add

	additional caseloads. Abigail and Matt Meyer responded that they believe that community mental health centers would be the most appropriate because of their history and issues that could arise around release of information (if outside of the CMHC). Joe Pelle stated that the current focus of the group is to work on diverting people who are in jails with mental health issues out of the system (before arraignment). The issues to keep in mind are: • Early Screening – Info? • Responsibility/Structural – Decision makers • Arrested not adjudicated: What intervention, who has authority, and who manages the plan and supervision The group discussed potentially creating a model with the following components: • Pre-determine criteria or range of acceptable charges • Use of existing history known or past evaluations • Feedback mechanism regarding compliance or engagement • Court liaison with the Community Health Center (Discussion around the provider piece needs to be sorted out)

Issue/Topic: Next Steps Adjourn **Action:**	➢ Kim English will email Task Force members with the revised data from Arapahoe County. ➢ Charlie Smith will send several articles from the GAINS Center to the group about cost savings and the data that is being tracked. ➢ At the next meeting, GAINS Center and the New Haven Court diversion program will be invited to present.

Next Meeting

May 11, 2017 1:30pm – 4:30pm 700 Kipling, 3rd floor training room