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

Minutes

June 8, 2017 1:30PM-4:30PM 710 Kipling, 3rd Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Joe Pelle, Boulder County Sheriff, chair Jamison Brown, Colorado Jail Association Frank Cornelia, Colorado Behavioral Healthcare Council Patrick Fox, Officer of Behavioral Health Norm Mueller, Defense Bar Abigail Tucker, Community Reach Centers Joe Morales, Parole Board Tina Gonzales, Colorado Health Partnerships Evelyn Leslie, Private Mental Health Providers Patrick Costigan, 17th JD District Attorney's Office* Maureen Cain, Criminal Defense for Doug Wilson (on the phone)

ABSENT

Dave Weaver, County Commissioner Charles Smith, Substance Abuse and Mental Health Services Administration Matthew Meyer, Mental Health Partners Doug Wilson, State Public Defender Lenya Robinson, Healthcare Policy and Financing John Cooke, State Senator, District 13 Charles Garcia, CCJJ Member At-Large Michael Vallejos, district court judge, 2nd Judicial District

STAFF

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

GUESTS

Kally Enright, Arapahoe County Criminal Justice Planning	Sonia Reardon, CMHIP
Todd Spanier, Arapahoe County Criminal Justice Planning	Moses Gur, CBHC
Kate Horn-Murphy, Division of Criminal Justice	Gina Shimeall, Defense Attorney
Peggy Heil, Division of Criminal Justice	
Dr. Reo Leslie, Co. School for Family Therapy	
Ali Moaddeli, Arapahoe Pretrial Services	

	Discussion:
Issue/Topic:	
Welcome and Introductions	Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and greeted Mr. Patrick Costigan, a prosecutor from Adams / Broomfield counties.* He then asked Task Force members and attendees to introduce themselves and reviewed the agenda. *Mr. Costigan was officially appointed to the Task Force on June 27, 2017.

Issue/Topic:	Discussion:
Review of May meeting outcomes	Richard Stroker provided a brief recap of the group discussions as follows:
Action:	 <u>Areas of agreement</u> 1. Seek pilot/model diversion program 2. That "diverts" individuals from the jail to appropriate M.H. treatment/services 3. As soon as possible after detention (arrest) and before adjudication 4. This will require: The ability to identify eligible individuals (target population) Collaboration with key partners The creation of a system/approach The availability of necessary services
	 <u>Areas to discuss</u> 1. Who is eligible for this "diversion" (<i>today's discussions</i>) a. From MH perspective b. Does the target population include individuals with substance abuse problems? c. Are we focused on frequent jail utilizers? d. Does the nature of the criminal charge matter?
	 2. The process of this model/pilot (<i>focus of July's meeting</i>) a. Timing of diversion – when it could occur? b. Assessment and development of plan - by whom – How? c. Involvement of critical partners d. Decisions/placements/implications for criminal charges/conditions
	 3. Post release treatment and supervision a. How services accessed? When? How to coordinate? b. Is there supervision? c. Systems' responses to favorable/unfavorable behavioral compliance
	DISCUSSION:
	Maureen Cain mentioned that the Colorado legislature just approved funding for pilot sites to implement the LEAD (Law Enforcement Assisted Diversion) model in Colorado and suggested that such model be discussed as an option for pre-filing diversion.

Sheriff Pelle agreed that the LEAD model is an effective model and embraced by many law enforcement agencies in Colorado. Sheriff Pelle reminded the group that the Task Force is past the point of discussions about pre-arrest diversion and now is focusing on the next phase, post-arrest/pre-filing diversion. Sheriff Pelle would like to include in the target population those individuals who are in and out of jails, on a frequent basis, for minor crimes and diagnosed with behavioral health conditions.
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Issue/Topic:	Discussion:
Behavioral Health Diversion Proposal	Todd Spanier and Kally Enright, Arapahoe County Criminal Justice Planners, presented a concept for a statewide behavioral health diversion program. Todd and Kally also provided the group with information from a study they have
Action:	 conducted about those who are "high utilizers" of both health care in the community and jail services. These handouts were distributed: 1. Behavioral Health Diversion – Arapahoe County (flow chart)
	2. Behavioral Health Diversion Proposal
	3. "High Utilizers" Collaborative Study - Summary Data
	4. "High Utilizers" Collaborative Study - Healthcare Usage Report (The handouts are available at colorado.gov/ccjj/ under - Mental Health/Jails Task Force, "Materials").
	Todd thanked the group for the opportunity to present the concept of a
	statewide diversion program. Todd emphasized that the intent of the presentation is to propose a concept drafted in writing which should serve merely as starting point for discussions.
	The focus of such model is on individuals who are "frequent flyers" in the jails, who have been seen at least once by the medical staff at the jail, identified as having some behavioral health disorders (which include mental health and substance abuse) and booked in jail with low level offenses. The highlights of such model are:
	Post-filing diversion
	 Pretrial navigator argues to the court that participants to the program are let out of jail on bond supervision.
	Pretrial navigator makes sure that the person is compliant with all the
	 conditions of bond and secures treatment with treatment providers. Continuum of services and coordination (medical, navigation through systems, etc.).
	• If the person successfully completes the program, court and stakeholders agree to do a diversion hearing and agree on sentencing.
	 "Non-custodian" sentencing with probation, community corrections,
	 problem solving courts so individuals are not going back to jail. All charges eligible except crimes against persons, felonies 1 through 3
	and drug felonies 1 through 2.Creation/development of a statewide database of behavioral health
	 Creation/development of a statewide database of behavioral health information under the Department of Human Services. The database would be accessible by staff working within the program and liaison

 Recorr arrest at the The D (lengt Wher make DISCUSSION Does the data Todd respond the proposal of When would Not implicitly clinician and at It was explain consent is wh would be imp consent for the 	 be behavioral agencies and courts. Immendation for eligibility of the program may also be made by the ing officer, corrections officers at booking, legal counsel and staff jails. HS would ensure that the individual is treated on a timely basis h of program – 1 year). I compliant with treatment and after a year, the defense counsel is a motion to dismiss the case. Abase described in the proposal currently exist? ed that the database doesn't currently exist and was envisioned in of a statewide pre-filing diversion. the consent of individual take place in this process? drafted in the proposal, the consent would take place with the first it first identification. ed that, currently, the only way to access such records without en there is an emergency situation. If such database is developed, it ortant to ensure that the participants in the program are giving the clinician to access their records particularly if they have not self-pooking or in jails as having mental health conditions.
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Issue/Topic:	Discussion:
WHO – Identification of eligible	Maureen Cain presented on the Victim Rights Amendment crimes (VRA) and referred to these handouts provided in the meeting materials:
participants	1. Colorado Crime Victim Rights
Action:	 C.R.S. 24-4.1-302. Definitions C.R.S. 24-4.1-302.5. Rights Afforded to Victims
	(The handouts are available at colorado.gov/ccjj/ under - Mental Health/Jails Task Force, "Materials").
	VRA crimes may be felony or misdemeanor offenses and are crimes against persons.
	Kate-Horn-Murphy suggested that if the group consider including VRA crimes in a pre-filing diversion program, it should be ensure that the notification of victims be ensured especially in these circumstances: (1) if the decision is not to file the case, and (2) if the offender is not successful in the program. Currently, the VRA statutes do not address notification of the victims at the pre-filing stage because it was not envisioned that such model would include VRA crimes. In a post filing program, the responsibility for notification of the victim is with the District Attorney.
	All victims of VRA crimes would want to be notified, informed and heard.

Kate mentioned a memorandum of understand that was established in Denver regarding the consultation with crime victims in the pre-arraignment phase.
Sheriff Pelle reminded the task force that it had received multiple presentations and was provided data suggesting that appropriate target populations for this pre-filing diversion program are those incarcerated in the jails with low level offenses, frequently cycling through the jail, and who have been assessed by mental health personnel in the jails.
The group agreed that VRA offenders should not be eligible for pre-filing diversion.
Sheriff Joe Pelle asked Norm Mueller and Patrick Costigan to help understand the timeline of the criminal justice process from the point of arrest so the group can be clear about when/how the intervention would occur.
1. Arrest
2. Booking
3. Interviews In some jurisdictions, defendants are interviewed by pre-trial services staff. Pre-trial services staff run an arrest record through NCIC/CCIC and conduct interviews using a pretrial assessment tool (such as the Colorado Pretrial Assessment Tool, CPAT). The higher the score on the assessment, the less likely the defendant will be released on personal recognizance (PR) bond. Not all jurisdictions have pre-trial services.
4. Advisement/First appearance/Bond arraignment (only for Misd.) Advise of charges/Set bail/Counsel appointed. Often happens the next business day.
<i>5a. Felony Filing/Formal Filing</i> If this is felony case, the District Attorney has 72 hours to file a case (in some circumstances – up to 2 weeks).
OR
5b. Misdemeanor Arraignment Misdemeanor cases are set 2 to 3 weeks after Advisement into a county court division (no filing process at this point), following the arrest warrant or the summons handed out by the law enforcement officer.
<i>6. Preliminary hearing/Disposition hearing</i> Felony cases within 35 day of formal filing. A Preliminary hearing is for the court to determine if probable cause exists for the court to file the charge before arraignment.
7. Arraignment Enter a guilty plea or not guilty plea.

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	9. Dro trial hoarings
	8. Pre-trial hearings Motion dates are set.
	9. Trial
	DISCUSSION
	Does the nature of the criminal charge matter? One of the issues mentioned was that misdemeanor and petty offenses are often
	heard in municipal courts and it is challenging to identify a person that is
	summoned to municipal unless there is failure to appear. Additionally, arguments
	to include low level felonies into this program are that, often time when a person gets arrested on low level offense, a low bond is set and consequently the person
	gets out of jail very quickly. There would be very little opportunities to be served
	in a pre-diversion program.
	The group discussed and agreed that the type of charges that would be eligible in
	a pre-file diversion model would be: Non-VRA crimes, petty offenses,
	misdemeanor offenses, low grade drug felonies, and low grade felonies (Felonies
	6, 5 and 4).
	Is there a second group to target in the Post filing – Arraignment phase?
	The group agreed to not consider this population to be eligible in the pre-filing diversion considering that those individuals who are in this phase of the criminal
	justice process have likely committed more serious offenses.
	Is the focus on frequent jail utilizers? Most people coming in and out of jails are already known to the jail staff. They
	have been assessed and there is a medical/mental health record in the jail's
	database. According to data, individuals with mental health diagnosis are more
	likely to spend 3 to 4 times longer in jail than those without a mental health diagnosis.
	The group agreed that the focus would be on frequent jail utilizers.
	Does it include Behavioral Health (substance abuse)?
	About 85% of the mental health cases have co-occurring disorder and are often
	self-medicated so it important to include substance abuse. Additionally,
	individuals are most likely to present themselves with an addiction problem than with a mental health issues because of the stigma associated with mental health
	conditions.
	The group agreed to include Behavioral Health.
	What are the definitions to use with regards to mental health/behavioral
	health assessments?
	All definitions are already defined in statutes (Title 27) and have been revised in this legislative session (S.B. 17-242 Modernize Behavioral Health Terminology in
	Colorado Revised Statutes).

Issue/Topic:	Discussion:
NEXT STEPS AND ADJOURN	Richard summarized that the next steps will be to examine: - WHO is doing this assessment,
Action:	 HOW the information is gathered so someone is identified as having a behavioral health disorder. DEFINITION of the Behavioral Health Disorder WHERE the data will be stored.
	Meeting adjourned at 3:45pm

Next Meeting

July 13, 2017

1:30pm – 4:30pm 700 Kipling, 4th floor Training room