

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

August 10, 2017 1:30PM-4:30PM
700 Kipling, 4th Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Joe Pelle, Boulder County Sheriff, chair
Frank Cornelia, Colorado Behavioral Healthcare Council
Patrick Fox, Office of Behavioral Health
Norm Mueller, Defense Bar
Abigail Tucker, Community Reach Centers
Joe Morales, Parole Board
Jamison Brown, Colorado Jail Association
Tina Gonzales, Colorado Health Partnerships
Evelyn Leslie, Private Mental Health Providers
Doug Wilson, State Public Defender
Lenya Robinson, Healthcare Policy and Financing (on the phone)

ABSENT

Dave Weaver, County Commissioner
Charles Smith, Substance Abuse and Mental Health Services Administration
Matthew Meyer, Mental Health Partners
John Cooke, State Senator, District 13
Charles Garcia, CCJJ Member At-Large
Michael Vallejos, district court judge, 2nd Judicial District
Patrick Costigan, 17th JD District Attorney's Office*

STAFF

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

GUESTS

Dr. Reo Leslie, Co. School for Family Therapy	Lucienne Ohanian, Office of Public Defender
Vincent Atchity, Equitas Foundation	Moses Gur, CBHC
Gina Shimeall, Defense Attorney	Caleigh Cassidy, Equitas Foundation
Gwendolyn West, Equitas Foundation	

Issue/Topic:	Discussion:
Welcome and Introductions	<p>Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and asked Task Force members and attendees to introduce themselves.</p> <p>Sheriff Pelle reviewed the agenda and asked CCJJ Consultant Richard Stroker to provide a recap of the July meeting.</p>

Issue/Topic:	Discussion:
<p>Recap of the Decisions previously agreed upon by the group</p> <p>Action:</p>	<p>Richard Stroker informed the group that a handout is included in the meeting materials that summarizes the decisions previously agreed upon by the group:</p> <p>Decisions previously agreed upon by the group:</p> <ol style="list-style-type: none"> I. <u>Develop a model/pilot program</u> That can be used to divert individuals with behavioral health needs/issues from jail – so that their needs can be addressed by appropriate service providers in the community. II. <u>Timing of this Diversion</u> After arrest but pre-filing III. <u>Eligible individuals for diversion under this pilot</u> <ol style="list-style-type: none"> a) Individuals with Behavioral Health needs/issues (see SB17-242) b) Charged with committing “lower level” crimes: <ol style="list-style-type: none"> a. Petty offenses b. Misdemeanors c. Lower felonies (Felony 4, 5, 6) d. Drug Felonies (D3 and D4) e. Non-VRA crimes c) Who may be frequent jail utilizers. <p>Additional issues explored at the July meeting</p> <p>How the Diversion process will work:</p> <ul style="list-style-type: none"> - <i>Who identifies eligible participants?</i> Arresting officer Jail/booking staff Booking nurse or classification staff Behavioral health staff Pretrial staff Judges <p>Any of these individuals could identify circumstances either through personal</p>

observation of the use of screens.

Remaining issue – what should these screens look like and who would apply them

- *How are assessments conducted and what assessments are used?*

1. No assessment may be needed because of prior knowledge or jail information

2. Behavioral health staff in the jail would conduct assessments prior to initial court appearance

3. These are clinical assessments and not forensic assessments

4. The qualifications of the jail/behavioral health staff must meet minimal standards that they have a master's level degree or supervised by a licensed mental health professional.

Assessments, if necessary, are completed before initial judicial determination is made

Remaining issue - we may need to invest some time considering the content of an assessment tool

- *How is information shared and when?*

1. The behavioral health staff (or person responsible) within the jail shares the gathered information or assessment information personally with appropriate individuals

2. This may go directly to the judge, go to a team representing prosecution/defense/jail staff, or go to one individual who will participate in the court hearing

Remaining issue – is information put in writing or how is it maintained – who can it be shared with, and does it include sharing information with other counties or jurisdictions

- *Who makes the diversion decision?*

1. The judge based on information received including information from the behavioral health staff in the jail.

2. If appropriate for placement behavioral health staff may make a recommendation for diversion.

	<p>3. It could be the recommendation of a team rather than an individual.</p> <p>- <i>What conditions/expectations?</i></p> <ol style="list-style-type: none"> 1. A diversion agreement could be created in which the individual indicates their willingness to participate in appropriate behavioral health treatment services in the community. 2. If approved for diversion by the court, the court could indicate that a review could occur at a later date (for example 3 or 6 months out) 3. If the person is appropriately participating in their behavioral health treatment then they may not need to appear at this later court date. 4. If the person is not appropriately participating in their treatment program, then the behavioral health provider may notify the district attorney's office and ask that they consider pursuing the original charges. 5. Charges can be filed if the diversion effort is unsuccessful <p>The intention is to divert individuals prior to charges being filed so there are no actions required to dismiss charges.</p> <p>- <i>Who are the key stakeholders?</i></p> <ol style="list-style-type: none"> 1. District attorney 2. Public defender 3. Judge 4. Jail staff 5. Mental health jail staff 6. Community healthcare staff <p>These individuals must agree on how the diversion effort will be implemented in their jurisdiction.</p>
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<p>Issue/Topic:</p> <p>Finalizing the Diversion Process Discussion</p>	<p>Richard Stroker engaged the group to continue the diversion process discussions starting with the screens and assessments and following with the next steps after the determination of eligibility for diversion.</p> <p>Joe Pelle handed out a Medical Screening and a Mental Health Evaluation used by the Boulder County Sheriff's Office.</p>
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	<p>Joe Pelle specified that the Medical Screening form is usually conducted by either the deputies or nurses present in the jail during the booking process. The screening is included in the arrest report. The Mental Health Evaluation is conducted by medical staff and included in medical record. Anybody eligible for diversion in the jail would have both the screening and the mental health evaluation in their files.</p> <p>These forms are similar across the jails and may also include a <i>Prison Classification</i> which is a process assessing the proper custody level of inmates and program needs.</p> <p>DISCUSSION</p> <p>With the Senate Bill 17-019, the Office of Behavioral Health is working on a project to electronically share patient mental health care and treatment information across systems, jails included. A report of the recommendations is expected by August 2018.</p> <p>It was suggested collecting several examples of screening tools used by the jails and identify the information similarly collected to ensure consistency.</p> <p><i>What happens when people are arrested on warrant from other jurisdictions?</i> In most of the cases, limited services are provided as fugitives of justice are transferred quickly to the jurisdiction where the warrant was issued.</p> <p><i>Does this seem reasonable to request an assessment conducted within 72 hours of booking?</i> In the metro area, the assessment is likely to happen very quickly and by the First Appearance but this might be challenging in rural areas. It was mentioned the possible use of video conferencing to conduct assessments especially for rural or non-urban counties where there is limited access to mental health services.</p> <p>It was suggested that there should be an opportunity for a representative from the defense office to be present during the assessment to increase the likelihood of engagement. Many individuals don't think that they have a mental health problem and it might be helpful to have a defense representative before an attorney is appointed.</p> <p>The agreement to participate should include a statement that says that <i>"information in the assessment cannot be used against defendant in court; this information is only for the purpose of diversion"</i>.</p> <p>An example of notification would be as follows: <i>"The XXX provider determines that XXX meets the criteria and is eligible for diversion. XXX agrees to engage in a treatment"</i>.</p> <p><i>Should there be a follow-up court date?</i> The group agreed that no further action be taken after the engagement in treatment because tracking engagement and compliance requires efforts,</p>
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	<p>resources and staff. Furthermore, how to measure engagement? Is it by the number of appointments, by the time of recovery or the length of treatment etc.?</p> <p>This step is to determine eligibility for diversion and is different from pre-trial release condition-setting. The intent of this model is to divert people into the behavior health system and consequently increase their chance of not cycling back into the jails.</p> <p>If individuals are not getting better, they might circle back again and perhaps after a 2nd or 3rd time, they won't be diverted.</p> <p><i>Funding realignment /or other funding sources options</i> The group discussed some options regarding funding, including realignment from the jails to treatment providers as well as some other possible options for moving revenue to providers. This will be further explored.</p> <p>It was suggested to consider funding for the continuity of medication that showed effectiveness while in jails. One of the bigger barriers to success is the cost of medication and people often discontinue medication due to cost.</p> <p><i>What would happen when people are seen by private providers and have medication outside the program?</i> It would be the responsibility of the mental health providers to share information and connect with the private practitioners to ensure continuity of treatment. Under this process mental health centers would either provide the care directly or work with another provider within a network where the individual is already seen.</p> <p>There is also the opportunity for the mental health center to identify other sets of needs and help the individual connect with housing, food security, etc.</p> <p>This model should not be coercive but rather focus on individuals being seen by appropriate treatment providers and no longer connected with the criminal justice. The diversion is from the criminal justice to the behavior health system.</p> <p>Richard Stroker summarized the discussions:</p> <p>Share info- Benefit of individual - Safety of the facility</p> <p>I – How/When determination of eligibility - Screening/Assessment</p> <p>A. Screening</p> <ol style="list-style-type: none"> 1. Screen as part of the arrest report 2. Conducted by jail staff, booking deputy, nurse and used as a trigger to identify people eligible to diversion. 3. Medical Staff/RN – Screening Tool part of the medical record. 4. Classification tool/objective jail classification <p>B. Assessment Conducted by either jail based BH staff or MH partners in the community</p>
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(contracted with jail) who determine eligibility.
 Jail Based Behavioral Health program (operated by OBH)
 Case planning/transition out of jail into care
 Tele-video for rapid consultation when necessary

II – After initial determination of eligibility

- A. Meeting with BH provider and individual
 - May occur with assessment
 - Possibly involve defense counsel/social worker
 - Client signs limited waiver – Court will be notified of non-compliance
 - Information cannot be used against individual
- B. BH staff advise/notify DA/PD/Jail and so info can be provided to judge.
Notification
- C. Judge to decide on diversion

III- Diverted without charges filed

Not a coercive treatment model

- Money to treatment providers?
Medicaid eligibility
Increased hours for jail based provider contracts
- Care provided within a network
Initial-Community M.H. Center (like a JAC)
- Referrals as needed/appropriate

Richard Stroker suggested that one of the recommendations from this Task Force could be to ask CCJJ to authorize the experimentation/implementation of pilot sites with the jurisdictions that have expressed interest. If CCJJ approves, a study group could form under the Mental Health/Jail Task Force that would be charged with maintaining contact with these pilot sites, collecting information and reporting back to the Task Force after 6 to 9 months. The outcomes to track and report back would be clearly defined.

It was commented that it might be challenging to implement without legislative change and suggested to start with reaching out to mental health providers.

It was discussed that several jurisdictions have expressed interest in a trying a pilot program.

There will likely be a substantial increase in cases for treatment providers and additional funding sources for treatment providers should be identified so providers are more willing to participate in this model.

Issue/Topic:	Discussion:
<p>NEXT STEPS AND ADJOURN</p> <p>Action:</p>	<p>Richard proposed the next steps as follows:</p> <ol style="list-style-type: none"> 1. Write up the model. Volunteers: Abigail Tucker, Joe Pelle, Frank Cornelia, Patrick Fox and Doug Wilson will write the model and present it at the next meeting in September. 2. Reach out to behavioral health partners and identify who would be willing to participate. Tina Gonzales, Frank Cornelia volunteered to reach out to behavioral health partners. Frank informed that the Governor recently created a Behavioral Health Task Force and proposed to discuss the concept and possibly partner efforts with this Task Force to increase the likelihood of success. The next meeting of the Governor's Behavior Health Task is on 8/16. 3. Reach out to Jail Directors/District Attorneys Jamie Brown noted that the Colorado Jails Association will held a meeting next week and he will submit the concept to the jail directors and the district attorneys present at the meeting and possibly identify who would be willing to participate in a pilot site. 4. Develop recommendation. <p>The meeting on November 9 is rescheduled to November 8 due to CCJJ meeting held on November 9.</p> <p>Meeting will be held on November 8 from 1:30 pm to 4:30 pm at 710 Kipling St. Lakewood CO 80215.</p> <p>Dr. Fox announced that the American Academy of Psychiatry is holding a conference in October in Denver and one of the day (October 28) is specifically dedicated in addressing the needs of individuals with mental health conditions and involved in the criminal justice and correctional systems.</p> <p>Dr. Fox will forward the details of the conference to the group and to the members of the Colorado Jails Association who might be interested in attending.</p> <p>The meeting adjourned at 3:45pm</p>

Next Meeting

September 7, 2017

1:30pm – 4:30pm

700 Kipling, 4th floor Training room