

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

January 10, 2018 10:00AM-12:30PM
710 Kipling, 3rd Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Joe Pelle, Boulder County Sheriff, chair
Norm Mueller, Defense Bar
Patrick Costigan, 17th JD District Attorney's Office
Joe Morales, Parole Board (on the phone)
Benjamin Harris, Healthcare Policy and Financing (on the phone)
Evelyn Leslie, Private Mental Health Treatment Provider
Charles Smith, Substance Abuse and Mental Health Services Administration (on the phone)
Doug Wilson, Office of the Public Defender
Frank Cornelia, Colorado Behavioral Healthcare Council (on the phone)

ABSENT

John Cooke, State Senator, District 13
Michael Vallejos, district court judge, 2nd Judicial District
Dave Weaver, County Commissioner
Jamison Brown, Colorado Jail Association
Abigail Tucker, Community Reach Centers
Tina Gonzales, Colorado Health Partnerships
Patrick Fox, Office of Behavioral Health
Matthew Meyer, Mental Health Partners
Charles Garcia, CCJJ Member At-Large

STAFF

Richard Stroker, CCJJ consultant
Germaine Miera, Division of Criminal Justice
Laurence Lucero, Division of Criminal Justice

GUESTS

Moses Gur, Colorado Behavioral Healthcare Council
Dr. Reo Leslie, Co. School for Family Therapy
Captain Shayne Grannum, Denver Sheriff's Department

<p>Issue/Topic: Welcome and Introductions</p>	<p>Discussion:</p> <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 December meeting.</p>
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<p>Issue/Topic: Diversion program recommendation Recap November meeting</p> <p>Action:</p>	<p>Discussion:</p> <p>Richard Stroker reminded the group that the Pre-File Mental Health Diversion Program recommendation was presented to CCJJ on 12/8/17 and will be voted on at the upcoming meeting on Friday.</p> <p>Sheriff Pelle followed up on an email he sent previously to the Task Force regarding his discussion with Boulder DA Stan Garnett, president of the Colorado District Attorneys Council (CDAC). CDAC will support the proposed diversion model program only IF we remove the language (page 5, paragraph 5c) stating that disagreements to divert will be resolved by a judicial officer. The District Attorneys see this as a constitutional issue, a challenge to their responsibility and duty to make charging decisions. They believe that the prosecution and defense need to agree to divert which will likely occur in 99% of the cases. Sheriff Pelle expressed being in favor of removing this language.</p> <p>Doug mentioned having sent an email to the group explaining why he believed that the Task Force should not remove 5c from the recommendation. He reminded the group that participation to the pilot programs is voluntary and agreed that disagreement to divert would represent a very small number of cases. Doug said that the only piece that makes this proposal different from an adult diversion program is the judicial override. With H.B. 13-1156, district attorneys can apply for adult diversion monies from the State Judicial but since the inception of the bill in FY14, only a total of six District Attorneys’ Offices have requested funding for these diversion programs and a significant amount was reverted. Doug believes that the recommendation should not be changed and that CCJJ should support more funding in the HB13-1156 grant program to help the smaller and rural counties. If prosecutors from smaller jurisdictions want to be involved, we should support helping them to get money.</p> <p>The group agreed there will be opportunity for CCJJ members to express their positions with regard to this language and discuss possible amendments at the CCJJ meeting on Friday.</p> <p>Richard Stroker reminded that at the last meeting in December, the Task Force prioritized the following issues to address:</p> <ol style="list-style-type: none"> 1. Alternative placement options for individuals in custody with severe mental illness. 2. Expand/make best use of MH treatment beds and resources and expand
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	<p>ability to restore competency out of custody</p> <ol style="list-style-type: none"> 3. Expand mental health treatment services available in the jail 4. Post arraignment jail diversion <ul style="list-style-type: none"> - Deferred prosecution? - Resources
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Issue/Topic:	Discussion:
<p>The Provision of Mental Health Services in Jails</p> <p style="text-align: center;">Action:</p>	<p>Issue #1: Alternative placement options for individuals in custody with severe mental illness</p> <p>Individuals with severe mental health disorders are likely declared incompetent to stand for trial and consequently not prosecuted; In most instances, their cases are dismissed. With nowhere to go and because of the long delays to be admitted to the State Hospital, people constantly circle back to criminal justice system. Many of those individuals are dangerous to themselves and others. The system is lacking response for this problem.</p> <p>Sheriff Pelle explained that there are people in custody who cannot make bond. They are isolated and there is about 8 weeks waiting time to be admitted to the only State Hospital in Pueblo. Private hospitals cannot care for those individuals. The State Hospital is not easily accessible for transfers and Sheriff Pelle believed that the system is outdated.</p> <p>Other states such as California have decentralized their hospitals by partnering with private mental health facilities and established mental health hospital wings in some of the larger county jails across the state. Smaller counties can bring their inmates to the closer mental health hospital in another jail. Sacramento is no longer the sole location and there are regional hospital facilities across the state. The model has forensic psychiatric beds for individuals who have committed crimes and currently in jails. Other states such as New York and Pennsylvania have experience in such models.</p> <p>Doug Wilson mentioned that there is a provision in the statutes allowing competency evaluations to be conducted out of custody. Doug suggested the need to expand community based competency and restoration beds.</p> <p>Mental health providers and jail deputies cannot force medication and cannot provide the level of services that can be done in a hospital.</p> <p>It was estimated that approximately 40% of individuals booked in jails have a mental health condition.</p> <p>There is lack of resources/beds for the most serious offenders with acute mental health conditions who are in jails mostly due to the long wait list to be admitted to the State Hospital. The judicial process is significantly longer when</p>

	<p>competency to stand trial is raised.</p> <p>The group agreed that it is important to look at how to appropriately manage this population while in the jails. Capt. Grannun from the Denver County Sheriff's Office suggested that psychiatric time spent between clinicians and offenders (currently estimated to one hour per week in Denver) should be increased to appropriately manage offenders with mental health disorders.</p> <p>It would be valuable to look at the types of services provided inside and outside of the county jails as well as what is being done in other states. Additionally, what are the type of crimes committed when competency is raised and how many of those fall in the lower levels of crimes.</p> <p>The majority of individuals with psychiatric issues do generally well in jails and in prison but the issue remains with the management of cases that are acute, severely problematic and violent.</p> <p>There seems to be three types of population with mental illness in the jails:</p> <ol style="list-style-type: none"> 1. Individuals eligible for post filing/pre-adjudicating diversion programs 2. Individuals not eligible for pretrial diversion program and staying in jails. What is our capacity (resource availability) to appropriately manage cases in the jails? 3. Individuals with acute conditions who present management issues in the jails. What option do we have outside of jails? <p>Charles Smith mentioned the Assisted Outpatient Treatment (AOT) which is a model endorsed by a number of states and refers to a process whereby a judge orders a qualifying person with symptoms of severe untreated mental illness to adhere to a mental health treatment plan while living in the community. There is opportunity to track those individuals with criminal justice involvement. This type of program should be considered as alternative with treatment in the community.</p> <p>Captain Grannun will provide information on the California model which will be forwarded to the group.</p> <p>Richard Stroker summarized the discussions as follows:</p> <p><u>Initial thoughts:</u></p> <ul style="list-style-type: none"> - What do we do/where do we place individuals with mental health disorders? - Not enough space/resources in community - Can't make bond-- Long waiting list to be admitted to the State Hospital - Antiquated model – central facility in Pueblo - Forensic/psychiatric wing jail model (California model) - How do we appropriately manage/care for this population while in jail - Jail staff asked to provide MH services. How well prepared are they? - Need data/information - Initial screening, on-going psychiatric evaluation - In jail – maintain if possible
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	<p>---Acute cases – send where?</p> <ul style="list-style-type: none"> - Assisted outpatient treatment <p><u>Issues:</u></p> <ul style="list-style-type: none"> - Proximity of mental health hospital – should be one closer to population centers - If underlying charges are violent, what about community risk - Large percentage of folks are non-violent, lower risk - Communication between prosecutor and defense early in the process to resolve cases - Competency? <p><u>Population:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Non VRA</td> <td style="width: 50%;">Violent/VRA cases---Acute/problematic</td> </tr> <tr> <td>Felony/Non-VRA</td> <td>Options</td> </tr> <tr> <td>Post filing</td> <td>Resources</td> </tr> <tr> <td>Pre-adjudication</td> <td>Stay in the jail</td> </tr> <tr> <td></td> <td>Psychiatric services, resources/staff</td> </tr> </table> <p>Richard Stroker suggested that at the next Task Force meeting, the group breaks into two working groups to work on this first issue:</p> <ol style="list-style-type: none"> 1. Post filing-pre-adjudication 2. Services in the jails and outside the jails. 	Non VRA	Violent/VRA cases---Acute/problematic	Felony/Non-VRA	Options	Post filing	Resources	Pre-adjudication	Stay in the jail		Psychiatric services, resources/staff
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Issue/Topic:	Discussion:
Next steps and Adjourn	<p>Sheriff Pelle informed the group that he won't be able to attend the next Mental Health/Jails Task Force meeting in February.</p> <p>Meeting adjourned at 11:45 pm</p>

Next Meeting

February 8, 2018

1:30pm – 4:00pm

710 Kipling, 3rd Floor Conference room