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

June 7, 2018 1:30PM-4:00PM
710 Kipling, 3rd Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Patrick Costigan, 17th JD District Attorney's Office
Benjamin Harris, Department of Healthcare Policy and Financing (on the phone)
Frank Cornelia, Colorado Behavioral Healthcare Council
Abigail Tucker, Community Reach Centers
Jamison Brown, Colorado Jail Association
Norm Mueller, Defense Bar
Jagruti Shah, Office of Behavioral Health
Evelyn Leslie, Private Mental Health Treatment Provider

ABSENT

Joe Pelle, Boulder County Sheriff, chair
Doug Wilson, Office of the Public Defender
John Cooke, State Senator, District 13
Charles Smith, Substance Abuse and Mental Health Services Administration
Charles Garcia, CCJJ Member At-Large
Matthew Meyer, Mental Health Partners
Joe Morales, Adult Parole Board
Tina Gonzales, Colorado Health Partnerships

STAFF

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

GUESTS

Dr. Sasha Rai, Denver Jail researcher

ADDITIONAL ATTENDEES

Reo Leslie, Co. School for Family Therapy

Issue/Topic:	Discussion:
Welcome	CCJJ consultant Richard Stroker welcomed the group and explained that he would be filling in for Sheriff Pelle who is unable to attend today's meeting. Richard reviewed the agenda and welcomed Dr. Sasha Rai who is attending the meeting with Jamison Brown and is the Director of Behavioral Health at the Denver jail.

Issue/Topic:	Discussion:
Recap May meeting	Richard provided a recap of the May meeting. He summarized that the group is working on its final and possibly most challenging issue area which centers on moving individuals from jails to other locations to receive necessary mental health services. He reminded task force members that they have establish the population of individuals being discussed as follows: • Individuals who cannot be diverted • Individuals with significant mental health needs • Those who require services and management, and • Those who are beyond the jail's ability and capacity to provide adequate care The discussion and information up to now has led the group to four issues that still need to be fleshed out and that <u>will be discussed in further detail today</u>: 1. The number of individuals/bed space needed. This first question is difficult, is the group working on a solution for 10 people or 1000? Is this a small group or is the issue larger in scope? 2. What are potential locations? There are over 100 facilities designated as C.R.S. 27-65 facilities. 3. What is the legal status of the individual? Type of case/status of inmate/process of transfer. 4. Clarify/Determine payment – Per Diem & duration. The final issue is a sticky one, which is how exactly would folks get paid. Another piece of the discussion has been about <u>where</u> exactly this population of people would be moved. At the last meeting the group identified five key criteria they thought would be necessary for a facility that would accept someone in this situation. The facility must have: 1. All necessary and appropriate services 2. Reasonable access for the jail 3. Be a therapeutic environment 4. Have an appropriate level of security, and 5. Have proof that they meet screening criteria by mental health professionals

Issue/Topic: Issues and options regarding the implementation/designation of regional, secure mental health facilities **Action:** Abigail, Frank, Jagruti and Jamison agreed to meet and begin work on the model. The group will start with a brief document and bring it back to the July meeting.	**Discussion:** Richard engaged the Task Force members in a discussion about the first issue area, which is what's the number of individuals and the bed space that will be needed. **<u>Number of individuals'/bed space needed</u>** Jamison and Laurence created a survey after the last meeting that was distributed to jails across the state, with the goal of capturing a snapshot of how many people might meet the criteria for bed space needed on any given day. Denver was the only jail that responded to the survey and Dr. Sasha Rai from the jail is here today to discuss the numbers. Dr. Rai explained that it's difficult to come up with an exact, accurate statewide number but that there are some data points in Denver that may help. Last year in Denver alone 80-100 people were sent from the jail to be restored. This is the main group that is incompetent and for whom everything 'stopped' as they waited for a bed in Pueblo. This group of people are the ones that were locked up in their cells and just got worse. Dr. Rai clarified that the 80-100 people either go to Pueblo or the RISE program at the Arapahoe County Detention Center. To put that number in context, the average daily population at the downtown jail is 1500 with 800 more in the county jail. Of these 2300 beds 1800 are pre-trial. Most of the people downtown are pre-sentence while the people at the county jail have been sentenced. Dr. Rai added that over the last two years he also sent 37 people to the Correctional Care Medical Facility at Denver Health and had them placed on involuntary meds – which means that even if someone isn't being sent to the state hospital they still may be receiving mental health treatment and services. The Correctional Care Medical Facility is a 16-bed secure facility in the basement of Denver Health, which is staffed by Denver sheriffs. It's a secure facility for patients that need acute psychiatric services. An inmate will go there, be treated, and then come back to the jail. Richard summarized that given these numbers, there were 135 people over the course of a year, whether because of competency evaluations or immediate care and treatment, that could not be attended to in the jail properly and needed to be referred out. So that's 135 at a minimum in Denver alone. Basically this is just under 2% (a conservative estimate) of the population which takes most of the resources and result in most of the staff assaults and patient-on-patient assaults that get them new charges. Jamison added that if you talked to the people who work in the jail they would probably have a hard time believing it's only 2% of the population because that 2% takes such a significant amount of resources. Kim questioned whether 2% is correct and if the ADP is the right denominator for the '135', which is over the

course of a year. Jamison clarified that the jail books about 36,000 people a year.

Dr. Rai went on to state that in June, 21% of all bookings had a mental health alert and that the average stay for a mental health alert is 29 days.

Jamison pointed out that on the survey the question was 'On any given day, how many people are waiting for these types of services?' In Denver, on any given day, 25-30 people are waiting for the services out of 1800 pretrial bed spaces.

After a lengthy discussion by group members they agreed that out of 1800 pretrial bed spaces, 30 people are waiting to go to Pueblo, which shows you how many are in the pipeline, which is 1.5%. Typically, restoration takes 60-80 days and there is approximately 14,000 – 15,000 jail bed capacity in the state. Given all the numbers Richard summarized that there is perhaps 1 -2 % of daily population might benefit from the services we're imagining.

If Denver has 30 people waiting to go to Pueblo today, out of 1800 beds, that is 15 people for every 1000 beds. If the jail capacity statewide is 14,000-15,000 we're looking at 100-150 bed spaces statewide to provide meaningful assistance to these people in jail with mental health issues. Dr. Rai pointed out that, interestingly, this is approximately the number of beds that closed at Ft. Logan. Ft. Logan went from 250 beds to 94 beds in 2009, which means 156 beds were lost through that process. These numbers lend credence to the notion that we're in the right ball park.

Taking Denver as a sample, and that they have 1800 pretrial beds on any given day, and about 30 people on any given day are awaiting transport, that gives us about 1-2% of the population that could benefit from services, extrapolating that to state stats we get 150 beds, which is the number of beds reduced from Ft. Logan about 10 years ago.

The group agreed that 150 beds seems like a reasonable and defendable number. After agreeing on the number of bed spaces needed, Richard directed the group to the next issue for discussion which is the potential locations for these placements.

Potential locations for these placements

Jamison noted that a lot of the other jails in the state don't have the resources Denver has. Places like Gunnison don't even have a nurse on staff, so these issues become much more significant for them. Also, when these folks go to the hospital they get better because they're on meds, but when they come back to the jail they get worse again.

The group discussed the model at the Correctional Care Medical Facility at Denver Health and how Denver jail employees are designated as Denver Health employees – which allows them to enforce medications. No other jails in the state have the designation that the Denver jail has.

Abigail asked about the capacity for tele-health or tele-court in more rural jurisdictions to help stabilize people more quickly. The hard part with rural

communities is that a lot of them hold court only once a week. There will be a group of individuals with mental health needs that Denver can handle but smaller counties can't handle, plus there's an ongoing increase in the population and an increase in felony filings across the state. Everyone acknowledges it's a problem but it's hard to quantify.

The group discussed a number of possible locations where it would be ideal to create bed space around the state including Ft. Collins, Castle Rock, Grand Junction and Durango. Richard asked group members, when thinking about the number of facilities, to think about how to disperse available bed space. Kim pointed out that the 150 people who stay between 30 – 150 days, doesn't equal that amount of beds. There are more people than beds because of the average length of stay. Kim and Dr. Rai discussed length of stay and agreed that 90 days would be a conservative estimate for LOS.

Richard summarized that if the group is talking about 150 people, with an average stay of 90 days, there would be a need for 40 additional beds. A point was made that the number should be rounded up to 50 to allow for fluctuation. Jamison noted that on any given day 150 people are waiting to go to Pueblo, which is 150 beds spread out across the state. Those beds need to be on the front range, in the north and on the Western Slope.

Jamison directed task force members to a handout in their packet that lists 100 27-65 designated facilities across the state. He noted that perhaps jails and hospitals could work collaboratively on a multi-purpose venture. Jagruti mentioned other possible scenarios including existing ATU's of the Denver/Springs facility and other facilities that may not have full capacity. Jamison noted there are a lot of issues aside from security with trying to take people into the hospital, but ATU's with intensive inpatient services really know the population.

Frank added that the group needs to advance the model to be able to pitch it to community partners. Richard agreed that the group is to the point where they need to build the model with specifics of who, how, how the wheel would turn and how people would get paid. He asked if there were volunteers who could form a subgroup and work on putting a model together. He clarified that this would just be the very initial starting point, perhaps a 1-2 age skeletal document to use as a starting point and help give structure to the discussion.

Abigail, Frank, Jagruti and Jamison agreed to meet and start work on the model. These four will start with a brief document, then revisit here with the rest of the Task Force.

What is the legal status of the individual?

The group briefly discussed the legal status of individuals who may be appropriate for short term – 30 days – placement in a mental health treatment facility.

Clarify/Determine payment – Per Diem & duration

Benjamin Harris joined the group via phone and directed them to a handout in

	their packets regarding Medicaid reimbursement for jail detainees who are gravely disabled by a behavioral health disorder and require outside hospitalization. Benjamin walked the group through the document which can be found at here under the "Materials" section. Ben reviewed the handout and explained that basically, Medicaid can only cover services for those people who are actually enrolled into their program. He pointed out that there's a link in the document that goes to HCPF's main website which outlines the details of the federal rule and state policy. He noted that as far as mental disease the restrictions are much more significant and no federal funding can be used to pay for acute care in an Institute of Mental Disease. There are some exceptions for people over age 65 and under 21 years of age described in the Act. A discussion was held about coverage and credentialing privileges at acute care hospitals. Ben reiterated that the main criteria is whether the member is actually eligible for Medicaid, and secondly getting a claim from a hospital with acute care criteria. Then once time and date criteria is met the claim should be processed. With these three criteria met their system will process it.

Issue/Topic:	**Discussion:**
Next steps and Adjourn	Richard summarized that the group made good progress on a number of issues during the meeting. He explained that the members of the subgroup would meet and prepare a basic starting point for discussion at the July meeting. With that starting point the Task Force can work to create more components or details about a model and inch closer toward a recommendation. Richard reminded the group that this is the last meeting for Norm and Evelyn, and he thanked them for all their work on the Task Force and the Commission. Meeting adjourned at 3:32 pm

Next Meeting

July 12, 2018 1:30pm – 4:00pm 710 Kipling, 3rd Floor Conference room