

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

November 8th, 2018 1:30PM-4:00PM  
710 Kipling, 3<sup>rd</sup> floor conference room

**ATTENDEES:**

**TASK FORCE MEMBERS**

Joe Pelle, Boulder County Sheriff, Chair  
Abigail Tucker, Community Outreach Center  
Jagruti Shah, Office of Behavioral Health  
Benjamin Harris, Department of Healthcare Policy and Financing  
Megan Ring, Public Defender's Office  
Jamison Brown, Colorado Jail Association  
Norm Mueller, Defense Bar  
Nancy Jackson, Arapahoe County Commissioner  
Cynthia Grant, AllHealth Network  
Patrick Costigan, 17th JD District Attorney's Office (on the phone)  
Chris Bachmeyer, District Judge, 1st Judicial District  
Frank Cornelia, Colorado Behavioral Healthcare Council (on phone)  
Tina Gonzales, Beacon Health Options (on the phone)

**STAFF**

Richard Stroker/CCJ consultant  
Kim English/Division of Criminal Justice  
Laurence Lucero/Division of Criminal Justice  
Stephane Waisanen/Division of Criminal Justice

**ABSENT**

Charles Smith, Substance Abuse and Mental Health Services Administration  
John Cooke, State Senator, District 13

**ADDITIONAL ATTENDEES**

Doug Wilson, former Public Defender's Office  
Bill Snyder, Denver Springs Hospital  
Gina Shimeall, Defense Attorney  
Robert Werthwein, CDHS (on the phone)  
Carrie Falks, OBH Mental Health Expansion

<p><b>Issue/Topic:</b> Welcome and Introductions</p>	<p><b>Discussion:</b></p> <p>Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and asked Task Force members and attendees to introduce themselves. Sheriff Pelle informed that the update from the Office of Behavioral Health will be presented first in today's agenda due to Dr. Werthwein limited availability to attend the meeting.</p>
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<p><b>Issue/Topic:</b> Update on the Governor's Budget</p>	<p><b>Discussion:</b></p> <p>Dr. Werthwein, Director of CDHS/Office of Behavioral Health (OBH) shared there is a place holder of \$15.5 million that will be submitted as budget amendment in the 2019-2020 budget to fund a large restoration facility with approximately 200 beds.</p> <p>There are also other budget requests in the Governor's 2019-20 budget that relate to restoration: 1) A request for \$17.8 million to renovate two cottages at Fort Logan and add 44 beds to the 94 existing beds, and 2) A request for \$5.1 million in operating to add 42 restoration beds to the State Hospital in Pueblo.</p> <p>Dr. Werthwein mentioned that more information will be released in January 2019.</p> <p>DISCUSSION</p> <p><i>Would these projects be allocated exclusively for competency restoration beds?</i></p> <p>There is a legal requirement and a priority to meet the restoration needs first for the people who are placed in the custody of CDHS and referred to the Colorado Mental Health Institute in Pueblo (CMHIP).</p> <p>Dr. Werthwein added that the OBH might be open to discussions regarding serving other populations once the restoration bed needs are met. He acknowledged and expressed support for the mission and efforts of this Task Force.</p> <p>It was commented that there is also a substantial need of civil beds. Very often, an individual who is not treated for his/her mental health condition ends up in the criminal justice system for offenses that, if the civil system was accessible, would not have occurred.</p>
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<p><b>Issue/Topic:</b> Recap of October Meeting</p>	<p>Richard Stroker provided a recap of last month's meeting.</p> <p>The group is now focused on the third area of work which is the possibility of moving jail inmates who acute behavioral health needs to 27-65 designated care facilities to receive necessary mental health services while maintaining their inmate status. These individuals have significant behavioral health needs that are beyond the jails' capacity</p>
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	<p>to provide.</p> <p>Mr. Bill Snyder, CEO of the Denver Springs Behavior Health Center, was invited to discuss possible interest of private institutions and identify barriers and issues of implementation.</p>
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<p><b>Issue/Topic:</b> Discussion with CEO Bill Snyder, Denver Springs Behavior Health Center</p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>Bill Snyder shared that the Denver Springs Behavior Health Center opened its doors in July 2017 and is a free standing psychiatric hospital. He stated that he has recently been contacted by the Office of Behavioral Health to discuss the possibility of contracting beds for competency restoration.</p> <p>He expressed that many operational issues would have to be considered before a private facility can engage in the type of partnership of interest to the Task Force.</p> <p>The first one is space. There is a demanding need for behavior health treatment and Denver Springs is currently operating at full capacity. When a hospital allocates a particular unit to serve a specialized population, all of the other units have to be re-shifted and re-populated with patients with different needs. In the event that Denver Springs considers working with jails to serve jail inmates, another unit would have to shut down and be replaced with this specialized unit.</p> <p>Another challenge would be to ensure that the right staff with special training are in place to serve these individuals. Furthermore, because of the difficulty of serving acute patients, the hospital would have to ensure an appropriate staff/patient ratio. Mr. Snyder mentioned the issue/barrier of hiring due to shortage of medical care staff.</p> <p>Another concern might be the separation between jail inmates and patients currently at the facility.</p> <p>Mr. Snyder mentioned that Denver Springs’ parent company is considering opening a second hospital and will report the concept discussed in this Task Force to the Board of Directors.</p> <p>DISCUSSION</p> <p>Sheriff Pelle explained that the jails are looking to partner with facilities when there is an emergency psychotic episode, as the jails are unable to manage those cases and cannot involuntarily administer medication. This population represents a small number of individuals but the needs are high for immediate hospitalization.</p> <p><i>What would be the incentives for a private hospital to accommodate jail inmates with acute needs requiring stabilization?</i></p>
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	<p>For any free standing psychiatric hospital, the reserved patients are priority. Occasionally, a facility will contract and reserve a number of beds at any given time. The incentive for a hospital is to have a certain number of beds paid for as well as providing additional staff training. The security and safety protocols in place are very crucial; these should include a secure unit.</p>
<p><b>Issue/Topic:</b>  <b>Finalizing Recommendation</b>  <b>Action:</b>                  Update from HCPF</p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>Ben Harris provided information on the two following questions:</p> <p><i>Does the behavioral Health diagnostic have any impact on the capitated fee payment?</i>                  Ben reminded the group that the capitated fee cannot be used for incarcerated individuals but can be used for acute care hospital visit. It is a paid fee for service and HCPF pays for the reimbursement regardless of the diagnostic and as long as it is a Type 1 acute care hospital.</p> <p><i>Are the overhead costs included in the overall reimbursement rate?</i>                  The reimbursement rate is based on the Medicare cost report and does take into account overhead costs.</p> <p>When a hospital builds a specific unit/wing that requires additional support, those operating costs are included in the cost report and then included in the reimbursement rate.</p>

<p><b>Issue/Topic:</b>                  Feedback from presentations</p> <p><b>Action:</b></p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>Richard Stroker asked the group to react to the information presented today by Dr. Werthwein and Mr. Bill Snyder.</p> <p>The budget news from the OBH is very welcome and much needed considering the significant backlog to be admitted at the State Hospital. These beds will be primarily for competency evaluation and restoration and, therefore, the group agreed to continue exploring solutions for the jails to have the ability to take an inmate to the hospital for stabilization.</p> <p>The Task Force members support the proposed budget request for the OBH to expand beds for competency purposes.</p> <p>It was suggested that the lack of civil beds and community based restoration should be addressed as this topic is within the scope of this Task Force. Often, the individuals with mental health conditions who are not treated appropriately, end up in custody and penetrate further the criminal justice system. There should be resources available for civil beds and out of custody restoration.</p>
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	<p>It was believed that the Colorado Hospital Association will not be willing to participate to this project and that a legislative mandate could be a solution.</p> <p>The group agreed to move forward with the following three topics of work:</p> <ul style="list-style-type: none"> <li>- Continue/Finalize the recommendation to develop partnership with private facilities,</li> <li>- Support the proposed OBH budget request to expand beds,</li> <li>- Discuss the issue of lack of civil beds.</li> </ul>
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<p><b>Issue/Topic:</b></p> <p><b>Review of recommendation</b></p>	<p>The draft of a recommendation was included in the meeting materials for the Task Force to review. The document is titled <b><i>“Provide care for jail detainees with acute behavioral health needs.”</i></b></p> <p>The State Oversight entity role would be to set up the network, identify potential providers, coordinate contracts. Local jails would then contract with the regional facility to agree on operational and logistic details and ensure services for this population.</p> <p>It was suggested to differentiate between a <i>regulatory oversight</i> and a <i>contract management oversight</i>. The Colorado Department of Public Health and Environment (CDPHE) would be the Regulatory entity since CDPHE ensures regulation compliance of health care facilities such as fire code, security protocols, etc. The Office of Behavioral Health (OBH) seems to be the most appropriate to ensure contract management oversight and provide funding to help develop this model. The Working Group will discuss further whether the Oversight entity role and responsibility should be more defined.</p> <p><i>Should the recommendation include a request for resources to incentivize and support costs associated with creating beds for this specialized population?</i></p> <p>The problem is that we have no concept of how much this request should be. Inpatient rates by hospital vary based on the location and the number of cases.</p> <p>There is a new doctor at the community hospital in Boulder who has been involved in the development of a crisis system in Austin, Texas and may have valuable information to share with the group. Sheriff Pelle will forward the name of the contact to Ben Harris.</p> <p>Tina Gonzales mentioned a contact from Centura Health hospital in Colorado Springs. This facility has recently closed and the former CEO, Ms. Margaret Sabin, may have good information to share with the group with regards to structure and costs for those specialized units. Additionally, Tina mentioned another contact from a hospital in</p>
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	<p>Salida who has been very progressive in developing specialized programs in the community. Tina will forward both contacts to Ben Harris.</p> <p>Ben Harris will reach out to some members of the Colorado Hospital Association and the contacts discussed above to obtain an estimate of what would be the per capita cost for specialized beds.</p> <p>Frank Cornelia will also reach out to Mind Springs Health and ask about operating overhead costs.</p> <p>There is a concern that despite incentives, hospitals may not have the interest or the will to support this concept. What should be the next step for this Task Force if there is no interest from private facilities to participate in this model?</p> <p>The group discussed at length possible solutions and strategies in the event of a lack of response from private facilities. It was agreed that the draft recommendation should be finalized and that other recommendations be developed to address possible solutions in case of a lack of response from private hospitals.</p>
<p><b>Issue/Topic:</b> Next Steps and Adjourn</p> <p><b>Action:</b></p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>The Working Group will continue to work on this recommendation to include more clarity on the responsibilities of the Oversight Entity and estimates of resources needed to carry out this oversight capacity.</p> <p>Ben Harris will reach out to CHA and other stakeholders and discuss what would be those additional resources to support and create incentives for the creation of beds in private sectors.</p> <p>At the next meeting in December, the Task Force will talk about possible other recommendations with regards to supporting the OBH budget request and legislative mandates.</p> <p><u>Meeting adjourned at 3:45pm</u></p>

**Next Meeting**

December 13, 2018/ 1:30pm – 4:00pm  
710 Kipling, 3<sup>rd</sup> floor conference room