



Colorado Commission on Criminal and Juvenile Justice

Minutes

May 13, 2016

480 South Allison Parkway
Lakewood, CO 80226

Commission Member Attendance

Stan Hilkey, Chair - ABSENT	Beth McCann	Pat Steadman - ABSENT
Doug Wilson, Vice-Chair	Joe Morales - ABSENT	Scott Turner
Jennifer Bradford	Norm Mueller - ABSENT	Dave Weaver
John Cooke - ABSENT	Kevin Paletta	Michael Vallejos - ABSENT
Kelly Friesen	Joe Pelle	Peter Weir - ABSENT
Charles Garcia	Eric Philp - ABSENT	Robert Werthwein
Kate Horn-Murphy	Rick Raemisch - ABSENT	Meg Williams
Jessica Jones	Rose Rodriguez - ABSENT	Dave Young - ABSENT
Evelyn Leslie	Lang Sias - ABSENT	Jeanne Smith, <i>Ex Officio</i>

Substitutes: Melissa Roberts for Rick Raemisch, Jennifer Wagoner for Joe Morales

CALL TO ORDER AND OPENING REMARKS

Doug Wilson, Vice-chairman

Doug Wilson, Vice-chairman of the Commission and Colorado Public Defender, welcomed Commissioners to the meeting on behalf of Chairman Stan Hilkey, who was unable to attend. Mr. Wilson shared several announcements including the news that this would be the last meeting for Lakewood Police Chief Kevin Paletta, who will be retiring at the end of May. Mr. Wilson also announced that Probation Services Director Eric Philp will also be retiring at the end of June. The replacement Commissioners for Mr. Paletta and Mr. Philp have yet to be announced. Mr. Wilson reviewed the agenda and asked Commissioners to introduce themselves. Mr. Wilson asked if everyone had reviewed the April minutes and if there were any additions or corrections. There were no proposed additions or corrections, but seeing as there was not yet a quorum, Mr. Wilson postponed the vote on approval of minutes.

LEGISLATIVE UPDATE

Jeanne Smith

Jeanne Smith provided a legislative update on the Commission-initiated "Purposes of Parole" bill, House Bill 16-1215, concerning changing the statutory purposes of parole to successfully reintegrate parolees into society by providing enhanced supportive services. This bill began as a recommendation from the Mandatory Parole Subcommittee and was approved by the Commission in November 2015. Commission member Representative Beth McCann sponsored the bill and Ms. Smith noted that it sailed through the legislature. Governor Hickenlooper signed

the bill into law on April 21st. Representative McCann thanked Commissioners for approving the recommendation and also thanked Melissa Roberts from the Division of Parole and Mr. Wilson for testifying in support of the bill. She reported that the law will take effect in August 2016.

Ms. Smith reminded Commissioners that in October, 2015 representatives from the Judicial Department and Probation Services offered a presentation on the change in restitution interest collection practices. As a result of that discussion, Commissioner Senator Steadman sponsored Senate Bill 16-065 which reduced the interest payment on unpaid restitution from 12% annually to a simple interest calculation of 8% annually. The bill also added a few other changes to restitution collection processes. The bill has yet to be signed by the Governor.

Ms. Smith noted there were a number of other criminal justice bills this legislative session that did not begin as Commission recommendations, but are still of interest to many in the room. One of those bills (Senate Bill 16-169) concerns where a person can be held for a 72-hour emergency mental health evaluation. She explained that part of the challenge in rural communities is that beds are often unavailable in mental health facilities for a three day hold. She added that the Commission agreed at its retreat this year to look at mental health issues in jails and recently created the Mental Health /Jails Task Force which will be chaired by Sheriff Joseph Pelle. The bill is working its way through the legislature but there are still discussions underway about whether or not it will go any further. Basically, the bill allows holding facilities such as jails and other holding facilities to be classified as emergency medical facilities for purposes of that 72-hour hold, which in turn has a number of ramifications. She concluded by saying this will likely be a topic revisited by the Commission in the future.

Representative McCann shared that on the last day in the House she and other legislators passed Senate Bill 16-180 and Senate Bill 16-181, both of which deal with sentencing for juveniles sentenced to life without parole for a Class I felony. She explained that one of the bills (SB16-181) allows for people sentenced when they are young to be eligible to ask for parole after 40 years depending on the crime. The changes also allow for those individuals to get earned time credit. The other bill (SB16-180) sets up a program in the Department of Corrections for juveniles who have been sentenced to life without parole so that these inmates can demonstrate that they are interested in rehabilitation, and allowing them to then apply to the Governor for clemency. She summarized that both bills are significant and that both were hotly debated. She added that the bills will have a big impact on juveniles currently in prison. Mr. Wilson added that both bills were about five years in the making and he thanked Representative McCann for her work. He added that the change will create a step-down program in the Department of Corrections for the 48 inmates who were sentenced as juveniles to life without parole, a sentence now considered unconstitutional by the U.S. Supreme Court.

Mr. Wilson added that Senate Bill 16-169 regarding the 72-hour mental health evaluation hold was sponsored by Senator Cooke. He noted that in full disclosure and as the State Public Defender, he has written a letter to Governor Hickenlooper asking him to veto the bill and has also testified against the bill. He said while he supports the intent of the bill to secure more bed space, one consequence that concerns him is that those committed civilly could spend twice as much time in jail. He noted that he has empathy for law enforcement and prosecutors because nobody knows what to do with the severely mentally ill since there is no place to put them. He pointed out, however, that the answer is not to keep someone in a county jail for five days

without being charged or convicted of a crime. He believes the original concept of the bill was good and he added that he hopes this issue can be addressed more fully in the newly created Mental Health/Jails Task Force.

Representative McCann added that she worked on the Legislative task force that looked at 72-hour holds and it is a complicated and difficult area to address, and police are very frustrated. One of the drivers of the bill was to help hospitals in rural areas that do not have the designation as mental-health hold hospitals. The problem for the sheriffs is that there is nowhere to put these people and there are not resources to address the mental health needs of these individuals. She said she supported the bill but that she agrees with the point made by Mr. Wilson about due process issues so people are not held who should not be held. She concluded that this is a really tough area for many people and especially law enforcement and for parents of adult children with mental health issues.

--At this point in the meeting a quorum was reached and Mr. Wilson asked for approval of the minutes. Following a motion and a second, the minutes were approved unanimously.--

RESULTS FIRST UPDATE

Ann Renaud/ Jessica Corvinus/ Tiffany Madrid, Results First

Mr. Wilson introduced Ann Renaud with the Office of State Planning and Budgeting. Ms. Renaud explained that she is the Project Director with the Governor's Office's Results First initiative. She went on to introduce the members of her team including Jessica Corvinus who is the Project Manager and Tiffany Madrid, who works as the Research and Data Analyst.

Ms. Renaud presented Commissioners with a PowerPoint describing Colorado's Results First Initiative (please see the full PowerPoint on the Commission website at www.coloradoccjj.com). The Results First Initiative is a partnership between the PEW Charitable Trusts and the MacArthur Foundation and it started in Colorado in 2014. The project is focused a cost-benefit analysis tool that allows Colorado to evaluate its programs based on their cost effectiveness. Colorado is one of 20 states to participate in this initiative.

In the first year Results First analyzed programs in the fields of adult criminal justice, juvenile justice and child welfare. The Results First team is currently wrapping up its behavioral health analysis which will be released in June 2016. The team is also currently reviewing prevention and early childhood education programs, and reports of those findings will be available in the summer of 2016.

The first step in the Results First approach is to develop program inventories to identify programs and services delivered in Colorado. She noted that this was an important step because many agencies do not collect information on the programs they are delivering. The next step was to compare Colorado's programs to research from both national and international sources. Programs were then classified into the categories of Evidence-Based Practices, Promising Practices or Theory-Based Practices. Ms. Renaud then provided the overall picture of the adult criminal justice, juvenile justice and child welfare program inventories. She noted quite a few evidence-based programs in the state but added that over 50% of the programs still need

additional research. Ms. Renaud went on to explain the numbers in greater detail and this complete information can be found on the Commission's website.

Ms. Renaud explained that, once they classified the programs by the level of research that was available, they were able to then run the programs through the Results First cost/benefit statistical model which provided a projected return on investment (ROI). She noted that some programs have a high return on investment while others do not. A program must be evidence-based in order to be considered in the cost/benefit model.

Representative McCann asked about the effectiveness of sex offender programs. Ms. Renaud noted that there are different returns on investment depending on whether the sex offender programs are delivered in prison or in the community. She clarified that they expect sex offender treatment programs to be effective and hopefully cost effective, but that the Results First initiative does not consider how well those programs are implemented.

Ms. Smith pointed out that the Sex Offender Management Board was up for Sunset Review this year and that during that process there was a lot of discussion about the fact that there has not been much of an investment in data collection. Data collection has been an issue not only with sex offender treatment programs but criminal justice programs across the board, which poses a challenge of HOW to collect data that can inform the question of whether sex offender and other programs are indeed effective. She went on to say that it is important to remember that a cost/benefit analysis does not necessarily show whether someone is actually receiving a treatment that is effective. A cost/benefit analysis only tells you how much money is being spent on a program from the tax dollars only versus the return that has been determined by the Washington State Institute for Public Policy formula. Ms. Renaud pointed out that one of the limitations of the model in regards to sex offender treatment specifically is that research is done on sex offender treatment in the community which has a separate "effect size" than sex offender treatment in a facility. Results First does, however, utilize the best available research on these types of programs, including research done in other states and around the world.

Jennifer Bradford asked if there was a threshold in terms of the cost/benefit ratio that might trigger a policy recommendation. Ms. Renaud answered that the threshold is a dollar and anything less than a dollar projects a loss of money.

Melissa Roberts shared that she thinks it is important to acknowledge that this is a balance and comparison against other states and other countries based on evidence-based practices so it is sort of a litmus test of where Colorado stands. It might not show the best benefit to cost ratio but it gives a sense of whether the programs that should be giving a big return on investment are being implemented with fidelity.

Ms. Renaud wrapped up the presentation by summarizing the lessons learned during the Results First process. She shared that limitations exist in identifying data on state-funded programs delivered in Colorado. This is because the state does not always collect data on money spent for programs and services. Also, while counties responded at well over 60% to the program inventory request, the State still has incomplete information on how funds are spent. She explained that numerous programs in the state have limited to no research available on

effectiveness. Also, although certain programs are evidence-based, issues with fidelity remain. Ms. Renaud reminded Commissioners that it is important to note that the Results First Initiative is not an evaluation tool, but rather a benefit-cost tool.

Ms. Renaud then provided Commissioners with a couple of updates. Legislatively, House Bill 16-1209 which did not pass, was intended to create a cross-governmental working group that would have been responsible for exploring ways to build program evaluation capacity in the state. However, the Executive Branch remains committed to building program evaluation capacity in the state. Additionally, a pilot program for the Department of Public Safety's Community Corrections' program passed the Legislature this session. The pilot will repurpose \$1.9m in General Fund FY16-17 and \$2.4m in FY17-18 to fund a Cognitive Behavioral Treatment pilot program for high risk offenders. The money will also go toward three FTE for the development, validation and ongoing implementation of a program evaluation tool in Community Corrections. Furthermore, Results First is working with the Department of Public Health and Environment on the Communities that Care Initiative. This initiative received \$10m in marijuana funding to go toward juvenile justice prevention services at a local level.

Mr. Wilson shared that the Results First team worked with his office to try to estimate costs on a 'per case' basis in terms of defense and prosecution, and he inquired about the status of that work. Ms. Renaud replied that they are still working to estimate those costs, specifically for drug courts and other specialty courts. Mr. Wilson also asked for a copy of the Behavioral Health Systems report when it is released in June to help inform the work of the Mental Health/Jails Task Force.

Representative McCann asked about next steps for Results First. Ms. Renaud replied that her team is handling next steps on a case by case basis with individual programs and may work to restructure programs for more effectiveness. As for promising practices the team is looking at ways to evaluate those programs.

CURRENT TASK FORCES / UPDATES

Data Sharing / Jeanne Smith

Ms. Smith provided an update and reported that the Data Sharing Task Force did not meet this month due to many of the members being heavily involved in legislative work. She said the group will reconvene now that the session is over. She reminded Commissioners that the focus of the work is on municipal court data and that the task force members will be working closely with the Colorado Municipal League going forward.

Community Corrections / Paul Herman for Peter Weir

Paul Herman, the Commission consultant, provided a report on behalf of Peter Weir who chairs this task force but was absent. Mr. Herman noted that, per the retreat outcomes, the Community Corrections Task Force will close out its work after completing one final piece of business by the Intensive Supervision Program – Inmate Status (ISPI) Working Group. The ISPI Working Group held their first meeting yesterday and they are working on the challenges faced by transition

clients from the Department of Corrections who are on inmate status. The working group will continue to meet and will update the Commission on a monthly basis.

Re-entry / Paul Herman for Stan Hilkey

Paul Herman, the Commission consultant, provided a report on behalf of Stan Hilkey who chairs this task force but was absent. Mr. Herman reported that the Re-entry Task Force met Wednesday and discussed a plan for accomplishing the three pieces of work that came out of the Commission retreat. He explained that the task force will complete its work on conditions with the presentation of two recommendations today. The task force will then delve into its primary work which will focus on housing. Finally, the task force will complete its third piece of business by working on collateral consequences. He added that during the last task force meeting, participants received a presentation and environmental scan from Jenn Lopez, the Homeless Initiative Director for the Governor's office and Kristin Toombs from the Department of Local Affairs

RE-ENTRY TASK FORCE / PRELIMINARY RECOMMENDATIONS

Mark Evans, Office of the Public Defender

Mr. Wilson introduced Mark Evans from the Office of the Public Defender and explained that Mr. Evans and Commissioner Jen Bradford have been leading the work of the Conditions Working Group. Mr. Evans is at the Commission meeting to present two preliminary recommendations.

Mr. Evans explained that he will present two recommendations from the Re-entry Task Force and its Conditions Working Group. As background, he explained that the Re-entry Task Force was originally tasked with addressing three issues including collateral consequences of conviction, continuity of mental health care and then addressing the failure rate of offenders under community supervision due to technical violations. As a component of addressing the technical violations issue the Conditions Working Group was formed in August 2015 to look at conditions being imposed on those under supervision of probation, parole and community corrections.

Mr. Evans began a PowerPoint presentation by outlining the membership of both the Re-entry Task Force and the Conditions Working Group (please note the full PowerPoint presentation can be found on the Commission website).

Mr. Evans went on to explain that the process for studying supervision conditions included, first, defining the purposes of conditions and, then, reviewing the conditions for parole, probation and community corrections. The working group agreed that the primary purposes of supervision conditions should center on discouraging anti-social behavior, encouraging pro-social behavior, and maintaining the necessary level of control. In reviewing the conditions the working group looked at the following specific criteria:

1. Are individual conditions fulfilling a defined purpose?
2. Are individual conditions presently problematic?

3. Are individual conditions resulting in a disproportionate number of technical violations?
4. Whether conditions were being utilized in terms of evidence-based practices and research.

The working group compared the criteria against the conditions currently used in probation parole and community corrections, all the while keeping the purposes of conditions in mind. While looking specifically at Probation, the working group determined that the probation conditions were generally fine since they underwent major revisions in the past few years by the Division of Probation Services. However, the working group did feel a need to prepare recommendations concerning both parole and community corrections supervision conditions.

Mr. Evans noted that the consensus around recommendations is that a lengthy list of mandatory conditions for everyone is counter to *individualizing* supervision conditions. Some mandatory conditions are inappropriate as they apply to everyone in every case. Mr. Evans noted that the recommendations presented today go hand in hand with the Commission recommendation and subsequent bill sponsored by Representative McCann concerning individualizing the purpose of parole.

Recommendation FY16-RE #01

Mr. Evans directed Commissioners to the recommendation in their packets titled ‘FY16-RE#01 Update the Statutory Conditions of Parole to Reflect Contemporary and Evidence-Based Common Practices.’ He explained that Colorado statute currently requires a lengthy list of conditions for parole supervision that are imposed on everybody who is on parole. Those conditions are imposed on every parolee by the parole board, and then when the parolee meets with their individual officer they receive a directive that includes additional conditions. The consensus of the working group was that the lengthy list of statutorily mandated conditions is antithetical to the idea that conditions of supervision should be individually tailored. Many are appropriate for some parolees but some are inappropriate when applied to everybody. Mr. Evans added that it is important to note that what this recommendation does is return to the parole board and the community parole officers the ability to impose individually tailored conditions. What it does not do is prevent the parole board or parole officers from imposing any condition on anyone. The recommendation simply removes the requirement that all conditions apply to everyone.

Mr. Evans explained to Commissioners that the recommendation FY16-RE#01 in their packets contains an exact copy of C.R.S. 17-2-201 with the current statutory verbiage along with a mark-up of suggested revisions (see the Commission website for a complete copy of this 17 page document). The following is a brief description of the recommended changes to the statute:

- **Restitution. 17-2-201 (5) (c) (I)**
The first change is on page 7 of the handout and is a housekeeping matter regarding restitution. The statute currently states that it is the parole board that orders the defendant pay restitution which does not comport with the actual practice. This clarifies that restitution is determined by the court and not fixed by the parole board as a condition of parole.
- **Notification of residence change. 17-2-201 (5)(f) (I)(B)**

Page 8, subsection (f) (1) (B) requires that a parolee obtain consent from his or her parole officer before changing residence of record. The working group concluded that this is unduly burdensome for a population that frequently struggles with housing issues. The recommendation is for a change to simply require prior notification of the parole officer.

- **Area restriction. 17-2-201(5)(f)(I)(B)**

The same subsection requires parolees “not to leave the area” without permission. That provision has generally been interpreted to mean “county” which is overly burdensome especially for parolees who have to cross county lines for work. The recommendation is to change the statute to read that a parolee not leave the state without permission. However if a parole officer feels a more restrictive geographic area is required they are at liberty to impose that.

- **Urinalysis and drug tests. 17-2-201 (5)(f)(I)(D)**

The next area to be addressed is (f) (1) (d) which requires all parolees submit to urinalysis and other drug tests. The consensus was that that is inappropriate as applied to ALL parolees and the new language allows a parole officer to require testing when that is appropriate.

- **Association. 17-2-201 (5)(f)(I)(F)**

Item (f) (1) (f) requires parolees not associate with people who are either on parole, probation or have a criminal record. The working group felt this was problematic on a number of different levels considering a huge percentage of the population has a criminal record and it is impossible in a community corrections setting for parolees not to come into contact with other parolees. Mr. Evans added that nobody could find any research that this is either necessary or helpful as applied to everybody.

- **Testing frequency. 17-2-201 (5.5)(a)**

Mr. Evans noted that the suggested changes on pages 10 and 11 go with drug testing. The statute currently mandates that parole test all parolees at very specific intervals. This would be removed to give parole officers the discretion to perform testing either less frequently or more frequently as they feel is appropriate for the individual. There is also some confusion about the use of alcohol by parolees. One portion of the statute reads that parolees cannot abuse alcohol or use illegal substances. But because parole is required to test everybody for alcohol, this is being interpreted as a blanket ban on alcohol.

- **Refusal. 17-2-201 (5.5) (c)**

Finally on page 12, the statute currently treats the refusal to submit to urine testing as a positive test. Parole indicated that this is a population of people where things come up such as somebody missing their test because they missed their bus and that treating that as a positive test is problematic. Because of this, that part of the statute is recommended for removal.

Mr. Evans summarized that this recommendation has the support of the Division of Parole, the Parole Board, the Working Group and the Re-entry Task Force.

Recommendation FY16-RE #02

Mr. Evans directed Commissioners to the next recommendation in their packet, Recommendation”FY16-RE #02 - Provide Model Conditions of Placement in Community Corrections.”

For background, the Office of Community Corrections (OCC) has administrative authority over more than 30 programs statewide. Historically, those programs have set conditions of placement and established their own protocol for dealing with violations. In FY2014 the successful completion rate for people in community corrections was 48%, and 25% of people who enter community corrections end up being terminated unsuccessfully due to technical violations. To improve these outcomes, DCJ's Office of Community Corrections is working under a grant to develop the Behavioral Shaping Model and Reinforcement Tool (BSMART). BSMART aims to provide programs with model conditions of placement and response protocols for condition violations, incentive implementation for residents, and software upgrades to support these practices.

The OCC has been working to implement BSMART independent of the work of this working group and task force. The Conditions Working Group reviewed drafts of OCC's model conditions of placement and facility expectations. The consensus of the working group was that the drafts it reviewed represent a vast improvement over current practices. With that said this recommendation encourages the OCC to complete the process of refining those conditions and make them available to programs statewide.

Mr. Evans summarized that this is in essence a 'soft' recommendation for the OCC to continue with its work on BSMART.

Mr. Wilson asked if the working group discussed requiring implementation through statute. Mr. Evans replied that yes, this was discussed. He added that the OCC is taking an approach of trying to get programs around the state to want to do this; also the OCC is aware that the Re-entry Task Force and the Commission is invested in this work. Therefore, the working group felt that a statutory recommendation at this time was unnecessary.

Dr. Bradford added that since the working group tackled the issues with parole first by revising statutory language, it would therefore not be in the best interest to remove requirements from parole while trying to statutorily impose community corrections conditions. The hope from the working group and from the OCC is that programs want to implement the change.

Mr. Evans explained that the reason the community corrections conditions look so different from parole is because the parole conditions are very much driven by statute. There's currently exactly one statutory condition for community corrections and all of the rest is at the discretion of programs. Therefore it makes sense for the OCC to drive this effort.

NEWLY ESTABLISHED TASK FORCES / UPDATES

Juvenile Continuity of Care / Robert Werthwein

Robert Werthwein, Chair of the newly created Juvenile Continuity of Care Task Force, provided an update on the status of the group. He shared that 12 voting members have been identified to serve on the task force including three Commissioners. The group is scheduled to hold their first

meeting on June 6th at the new Juvenile Assessment Center (JAC) in Arapahoe County. He noted that this JAC is an excellent model for promoting juvenile continuity of care and he looks forward to showing the new JAC to the task force members. Mr. Werthwein reported that he has met with most members of the task force and has plans to meet with all members before the first meeting.

Mental Health Jails / Sheriff Joe Pelle

Sheriff Joe Pelle, Chair of the newly created Mental Health / Jails Task Force, provided an update on the status of his group. Sheriff Pelle began by saying that he is excited about the level of interest around this issue and with this task force. Eighteen people have been seated on the task force including 10 Commissioners. He admitted that the work is going to be a challenge and is also going to involve a massive amount of effort, but that it is an issue that desperately needs attention. The first meeting for the Mental Health / Jails Task Force will be held on Thursday, June 16th.

SNAPSHOT OF ISSUES UNDER CONSIDERATION BY THE MENTAL HEALTH / JAILS TASK FORCE **Sheriff Joe Pelle, Boulder County**

Sheriff Pelle began this portion of the meeting by introducing three individuals to offer their perspectives on the issues surrounding mental health and jails. Chris Johnson from the County Sheriffs of Colorado (CSOC) gave an overview of local jail concerns, Doctor Patrick Fox of the Department of Human Services described the state of the State, and Matt Meyer from Project EDGE in Boulder reported on an emerging innovative program geared toward first responders. Copies of the full presentations can be found on the Commission website, while highlights from each of the presentations are summarized in bullet points below.

Sheriff Pelle added a few comments about three changes he believes need to happen with the current system. He described that first there needs to be more diversion alternatives at the front end of the system, and alternative places for people to go for help who are in acute crisis. Second, there needs to be a better system of care for people who are in custody and acutely mentally ill. He noted that there are states that are taking an alternative approach and have decentralized the system. Instead of having one mental health hospital they have established in-custody care facilities across the state. Lastly, it is critical that individuals with mental health issues have a place to go after they leave custody. They need a system of continuity of care in the community and a way to get their medications and keep on top of their treatment through groups or through other care providers.

Chris Johnson, County Sheriffs of Colorado

Sheriff Pelle introduced Chris Johnson, the retired sheriff from Otero county and Executive Director of County Sheriffs of Colorado to talk about the concerns sheriffs have around the state.

Mr. Johnson shared that he has been talking about mental health issues heavily during the last few months in the legislature with work around Senate Bill 16-169 and the more than 50

amendments to the bill. He explained that he has dealt with this issue for 35 years in a jail setting and now on a statewide level with CSOC.

Mr. Johnson explained that 15 years ago approximately 1/3 of the population in county jails had co-occurring disorders but that currently that number has increased to approximately 2/3 of the population, with nearly the same amount of resources. Law enforcement needs to rethink who comes to jail and rethink diversion options for people suffering from mental health issues who come into contact with the criminal justice system. There also needs to be a robust information sharing platform whereby people who are transferred between jails or even the Department of Corrections have their records and treatment plans go with them. Mr. Johnson noted that rural jails face even more challenges around mental healthcare and access to services. Another difficulty is in attracting mental health professionals to rural and frontier counties. He summarized by saying that he agrees with Sheriff Pelle that when someone leaves custody it is imperative they have follow-up care in the community so it is less likely they will return.

Doctor Patrick Fox, Department of Human Services

Dr. Patrick Fox introduced himself as the Chief Medical Officer with the Department of Human Services and Deputy Director of Clinical Services for the Office of Behavioral Health. He also directly oversees both of the state mental health institutes at Pueblo and Fort Logan. He thanked Commissioners for inviting him and said that he wants to share highlights of the complexities faced in the state (note, the full PowerPoint can be found on the Commission website).

PRESENTATION DISCUSSION POINTS

- Three main Executive Branch departments that oversee provision of healthcare and behavioral healthcare. Those are Healthcare Policy and Financing which takes care of Medicaid, the Department of Public Health and Environment deals with regulatory oversight and is the licensing authority of many health facilities, and then the Department of Human Services has the Office of Behavioral Health that has the Mental Health Institute services, community programs, prevention and intervention, child and family treatment as well as financing and contracts, and data and evaluation. Altogether it is a very complicated structure.
- The Office of Behavioral Health operates with a \$144m yearly budget.
- Crisis services falls within community health programs.
- There are 17 mental health centers across the state, 14 community mental health clinics, and 40 residential facilities just to name a few.
- Dr. Fox showed three slides depicting maps of where the Community Mental Health Centers, Behavioral Health Organizations and Managed Service Organizations are located. He explained that part of the problem is basic geographic overlap and multi-tiered varied entities and the ways and regions with which they contract. With the said the state needs to think about better ways to align geographic regions.
- In 2013 OBH implemented a crisis stabilization and service system with \$20m going to mobile crisis units with the rest of the money going to a public information dissemination campaign. There are hot lines, warm lines, walk in centers and stabilization units.
- Currently looking at ways to provide greater coverage across the state but struggling because Colorado is huge.

- Dr. Fox showed a slide depicting the walk-in stabilization units in the Denver Metro area and other regions in the state, noting there is not a great deal of coverage.
- There are also 20 dispatched mobile units that have a response time from one hour in the metro area to two hours anywhere else in the state.
- \$46m a year goes to substance abuse services.
- \$112m annually goes to the state mental health institutes and almost all of that is through general funds.
- Mental Health Institute at Pueblo has 449 licensed beds, many of which are forensic beds.
- One of the current challenges facing the state is an unrelenting increase in number of competency evaluations ordered and restorations. There has been a double digit increases in the number of evaluations in the past 10 years. This is changing the composition of the state hospital year after year from one that was more or less balanced 10 years ago between forensic and civil, to one that is now nearly exclusively a forensic population.
- By July 21st of this year there will be an increase to 52 beds at the Arapahoe County Detention Facility. Modifications need to happen in that facility to accommodate the full implementation of those beds. There is a rising tide of individuals in need, and the Department of Human Services is doing what it can to try and stay in front of that.
- House Bill 16-1410 introduced this year allows for a judge to order where a competency evaluation can take place and whether that is an inpatient or outpatient evaluation. About 12 other states have this language.
- Mr. Wilson asked if many of the mentally ill in jails are actually in custody on lower level offenses. Sheriff Pelle replied that this is indeed the case.
- Mr. Wilson added that it is the competency folks who are driving the bed space problem.
- Dr. Fox noted that DHS has finite resources and they have to be parsimonious. He noted they would love to take the most serious cases from county jails into the hospitals but that it is enormously challenging.
- Mental Health Institute at Fort Logan has 94 beds, down from what used to be about 224 beds.
- DHS has contracted with RNL, a a group that will study how big mental health hospitals have to be, what population should they serve and does the current model with two state hospitals on the front range make sense.
- There is a significant need for inpatient state beds in the Denver area and all other areas in the state. DHS will be working with RNL over the coming months.

Representative McCann noted that it seems there is still a dearth of places where people need longer term care but may not necessarily be an imminent danger to themselves or others. She asked what happens to them when they go into a crisis center now and it is determined that they need longer term help than a 72-hour hold. Dr. Fox replied that a crisis center can assess, treat and stabilize generally for up to 5 days in a stabilization unit. If it is determined they do not need inpatient treatment, then there are respite units that provide an additional three weeks of unlocked care where someone can continue their treatment. Residential respite units are intended to provide time for the team to find appropriate housing or treatment.

Sheriff Pelle added that another huge gap occurs when people are in jail for low level offenses and are not ordered for a competency evaluation and restoration, yet they are actively self-destructive. He shared that he has had to hire certified nursing assistants by the hour to observe

individuals to ensure they do not kill self-mutilate themselves. There are issues with competency and restoration and also with a lack of places to take people who need a higher level of care. Walk-in centers are great but there is an acute population that is not being taken care of in an appropriate manner.

Dr. Fox said he agrees with Sheriff Pelle and that one of the challenges Colorado faces is that it is one of seven states in the country where the criteria for initiating a hold is very high and someone needs to be an imminent danger to themselves or others to meet the standard. This leaves law enforcement in a very challenging position.

Matt Meyer, Project EDGE

Matt Meyer introduced himself as the Chief Strategy Officer for Mental Health Partners in Boulder and Broomfield Counties.

PRESENTATION DISCUSSION POINTS

- Mental Health Partners is one of 17 mental health centers doing work to address issues of mental health and substance abuse issues. They also participate in the crisis response system with partner agencies of metro Denver.
- Mr. Meyer explained that the program he is going to discuss called EDGE is different and a different system for how law enforcement agencies can respond to mental health crisis situations.
- Project EDGE stands for 'Early Diversion Get Engaged' and represents a partnership between Mental Health Partners, the Boulder County Sheriff's Office, and the Longmont and Boulder Police Departments. He added that these four agencies share equal ownership of the program and are equally responsible for the positive outcomes.
- EDGE was originally funded by a SAMHSA Initiative, and was one of three awards made in country. The 3-year grant will end in September of this.
- The program is based on the Sequential Intercept Model and there are five intercepts with the parole and probation as the final intercept.
- Research showed the biggest gap in the model was at intercept one, which includes intervening at the time of law enforcement dispatch. At the time there was no interaction between law enforcement and mental health at that point in the system.
- The goals of the program are to divert individuals at the time of contact who could be better served in the mental health system, provide on scene crisis de-escalation and mental health resources, and connect and engage individuals in treatment.
- The EDGE team consists of six behavioral health clinicians, 2 peer support specialists and the program supervisor.
- The way the program works is that a clinician and an officer respond to a scene together. Clinicians are embedded with the officers seven days a week and an officer can contact clinician directly or contact them through dispatch. This has become an incredibly effective strategy. The clinicians work very closely with dispatch.
- Clinicians will sit with dispatch and listen to calls coming in and can determine whether they are an appropriate EDGE response call.

- When the clinician and the officer get on scene there are clearly defined roles. The Clinician can assess for a possible emergency psychiatric hold, ongoing mental health and/or addictions treatment needs, or need for peer support. At the same time the officer is looking at probable cause and if charges need to be filed.
- Even if a situation is not going to allow for diversion from the system, the clinician helps to stabilize and de-traumatize the situation. This has turned out to be a critical component. The clinician can also accompany the person if it is deemed they need to be hospitalized.
- Over the course of the program there have been 1400 encounters, far exceeding expectations. Some of the feedback from law enforcement is that they cannot imagine going back to not having an EDGE clinician with them when responding to a mental health situation.
- The population being served is largely an adult population split evenly between males and females.
- The program has served 1,113 unduplicated individuals.
- There has been a higher utilization in Longmont than Boulder as there is not as much access to crisis response systems because the walk-in center is further away in Longmont.
- After the initial encounter a clinician will follow-up with clients within 24 hours. A peer support specialist will also facilitate a warm hand-off to any needed services.
- Mr. Meyer provided Commissioners with a handful of success stories.
- The grant is winding down but the four partner agencies have committed to ensuring the work goes forward.
- On-scene cost avoidance estimates stand at approximately \$950,000 annually.
- Follow-up care cost avoidance is estimate between \$605,000 and \$722,000 annually.

Sheriff Pelle described that when the program first started his officers were extremely resistant to the program and having a clinician with them on scene. However, all of his officers now say they cannot live without the program. He said he believes it is a promising model and one that really needs to be considered in many areas, especially along the Front Range.

Mr. Meyer added that the clinicians are all masters level mental health professionals. There is no specific training for this kind of early diversion work and he noted that he has learned there is a certain temperament of a person that can do this work. The clinicians must be able to establish a relationship with law enforcement. He reiterated that he cannot over-emphasize the degree to which the clinicians have been embraced by law enforcement. Mr. Meyer noted that in similar programs in other states clinicians have not been as well received.

Sheriff Pelle summarized that this program works best with municipal violations and the diversion has kept many people out of municipal and county court. He added however that if a person is arrested and taken into custody then they are no longer part of the EDGE program. If someone is a danger to themselves or someone else the officer will make the call on necessary next steps. The program is specifically focused on the front end.

ADJOURN / NEXT STEPS**Doug Wilson, Vice-chair**

Before adjourning the meeting Mr. Wilson directed Commissioners to a handout in their packets titled 'Conflict of Interest, Attendance, and Voting Certification'. He explained that the document is the result of a discussion at the retreat in February. At that time Commissioners agreed that all members should sign a Conflict of Interest document annually and that the document should also include expectations regarding attendance and voting procedures. Mr. Wilson explained that staff created the draft document and that any feedback or edits should be forwarded to them before the June 10th Commission meeting. Mr. Wilson concluded by saying that all Commissioners will be asked to sign the final version of the document at the June meeting.

Mr. Wilson thanked Commissioners and the presenters for their time and asked the group for final comments. With no further business, Mr. Wilson adjourned the meeting at 3:03 p.m.