

MINUTES
Task Force for the Continuing Study of the
Treatment of Persons with Mental Illness
Who are Involved in the Criminal Justice System
August 18, 2011
10:00 a.m. – 12:30 p.m.
Legislative Services Building

Call to Order – 10:03 a.m.

The Task Force for the Continuing Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System meeting was called to order at 10:03 a.m. by Jeanne Smith, Vice-Chair.

Introductions and Welcomes

Introductions were made around the room. Task Force members and guests introduced themselves.

18th Judicial District Mental Health Court

Gina Shimeall, 18th Judicial District Mental Health Court Coordinator and Barb Becker, Criminal Justice Services Manager for the Arapahoe-Douglas Mental Health Network provided a presentation to the Task Force regarding the 18th Judicial District Mental Health Court.

At the end of 2011, the 18th Judicial District Mental Health Court will have been in operation for two years. A mental health court is a problem solving court for individuals with a severe and persistent mental illness that find themselves involved in the criminal justice system. A mental health court is different than normal criminal courts in that it is problem solving with parties at the table trying to determine how the individual got involved in the criminal justice system and addressing issues in a therapeutic manner.

The court is geared towards individuals with a treatment plan specific to them addressing the how and why of the participant's involvement in the criminal justice system. Involvement in the mental health court entails intensive case management in dealing with the treatment plan, and intensive court supervision on a weekly basis throughout the sentence to the mental health court. It entails the court getting the individual in a stable mental health condition first and then addressing the other issues. The mental health court is a total collaboration among all parties of the criminal justice system including the courts to probation, to mental health, defense, prosecution, outside agencies and the court coordinator.

Why do we have a mental health court? Gina explained that what was being done prior to the mental health court was not working. The criminal justice system is adversarial by nature and is not a method that works with this population. The research relied upon for development of the court was all evidence-based. A list of research was included in the mental health court outline distributed to Task Force Members.

The team visited mental health courts in Nevada and Idaho. Idaho currently has 13 mental health courts throughout the state which are funded through legislation.

It is critical in this endeavor to have all parties at the table. Achievement of the collaboration and involvement of all parties is a long and ongoing process for the success of the program. Parties that had to be at the table for the courts success included the prosecutor, defense, courts, law enforcement from the street and jail, jail classification and medication staff, county officials, and housing officials. Upon the initial planning process the group was divided into four subcommittees: Legal, Treatment and Screening, Housing/Transportation and Sustainability/Outcomes. The original Steering Committee included over 60 individuals from the community. Sustainability included two focuses the first was in gathering research and data and the second was where to go for long term sustainability.

The Arapahoe-Douglas Mental Health Network is the sole mental health provider for the mental health court. Barbara Becker reported that the Treatment Team is a multi-disciplinary team which provides services 24 hours per day and 7 days per week which requires a lot of resources. The team is made up of 2 therapists, 3.5 case managers, probation officer, court administrator, Barbara and a peer mentor. The team also has a couple of weekend and evening case managers which are funded through a grant.

The court participants attend programming every day of the week. Programming includes group sessions, individual sessions and intensive case management. Some individuals who come out of jail are placed into the Santa Fe House, an Arapahoe-Douglas residential facility which has ten beds dedicated for the court, and provides 24-7 eyes on contact with the court participants. The Santa Fe House staff participates in team meetings on a weekly basis. The individuals can then be moved into other available housing. Not all participants are housed in Arapahoe-Douglas housing facilities as some move home or to other locations within the community.

The population served by the court has high medical needs, both chronic and acute, and the program works to get individuals connected to FQHCs or a nurse practitioner who is on site at Arapahoe-Douglas. Most groups are attended during the morning hours with afternoons dedicated to individual therapy and case management sessions. The individuals meet initial with BAT (Benefits Acquisition Team) who assists them with applying for benefits. Assistance is also offered with things such as bus pass acquisition and life skills.

The Treatment Team meets three times a week as a group. Monday morning meetings serve as a debriefing as to what happened over the weekend and review the weekly scheduled appointments. Wednesday provides the opportunity for the team to look at high acuity cases. Thursday afternoon meetings focus on discussing everyone in the system at length and distribute points.

Development of the court screening process was one of the most difficult processes to finalize and came through all the collaborators staying at the table and working together. Anyone can make a referral to the court through the Court Coordinator; however, if the referral does not come from the defense counsel the procedures require that contact be made with defense counsel. The application process is lengthy and detailed and all individuals making application have pending criminal cases. To protect these issues, there are limited waivers with

regard to the treatment team having access to the medical records and the psychiatric records; however, prosecution would only have access to these records if it were a plea of not guilty by reason of insanity. It is necessary to have enough detailed information to choose the appropriate participants for the court. Criteria for involvement in the court requires a pending felony charge within the jurisdiction and must be non-violent and non-sex offense by charge and history. There is some leeway regarding the violence piece as long as there was not a weapon or serious bodily injury involved; however, there is no leeway regarding the sex offense. The court requires that participants have a severe and persistent mental illness, an Axis I diagnosis.

Once the application is received and reviewed by the Court Administrator, it is passed on to the Treatment Team who reviews the case as well as does a personal interview with the applicant within the jail. It is important that the individual understand the voluntary plea into the program. Upon approval of the Treatment Team, the application is then submitted to the Legal Team which includes some overlap from the Treatment Team, the Magistrate, the District Attorney and the public defender representative. The bottom line decision is made by the District Attorney. There has not yet been a Judge to not follow the recommendation of the Treatment Team. Cases can go back and forth prior to a final decision for application approval; therefore, by the time someone is approved there is high agreement and collaboration.

It was noted that approximately 75% of the participants have at least three prior felony convictions with some having seven to eight felony convictions. The majority of the court participants are classic revolving door cases and have a suspended Department of Corrections sentence hanging over them and would be incarcerated if it were not for this program.

There are four phases within the court. The first two to three weeks for an individual in the program will include psychiatric appointments, benefit appoints and making sure the individuals general and basic needs are taken care of.

A week in the life of a participant includes Monday through Thursday groups and therapy sessions. Once an individual progresses to phase three of the program they will have cut down their groups and therapy to two or three times per week. Initially all participants will come to court every Friday. Prior to court participants will have met with the Treatment Team on Thursday and made requests (i.e. visitation), discussed points and rewards or sanctions. Following court each participant is involved in a debriefing. The program tries to keep participants away from jail; however, due to safety issues and criminal activities it is sometimes warranted.

Approximately one-third of the courts population have in some way been involved with parole with another one-third coming from walkaways from community corrections, diversion placement or ISP parole. This population is known to panic and walk away. The program has partnered with parole and there is a parole officer dedicated to the program and frequently participates in Treatment Team meetings and often attends court. Several presentations have been given to parole officers and the Parole Board on behalf of court participants. A copy of a handout which has been distributed to parole officers and the Parole Board was distributed to the Task Force.

To date, the court has received 190 applications with 53 individuals approved for participation. There are currently 39 of the individuals approved in the mental health court the other individuals are waiting for placement and a breakdown of their status was outlined in the report distributed to the Task Force. Of the 53 individuals approved for participation, six have violated from the program. Sixteen of the individuals approved for the program have been or are currently on joint probation and parole. Six participants are currently on joint probation and parole. Five individuals have successfully discharged parole while in the program. A major stumbling block for the program is not that the seriously mentally ill individuals are not committing new crimes per se but are in regards of parole or community corrections requirements but they panic and constantly walk away.

In regards to cost savings a one-year report was completed in January 2011 and was based on 16 participants. There is currently a dispute with the jail as the community is fighting for a new jail so the cost benefit analysis is the differential between a mental health and non-mental health bed, which results in a conservative number. For the sixteen individuals the savings was \$250,000. A more representative cost savings scenario was provided in the outline distributed to the Task Force.

Barbara Becker discussed lessons learned from the mental health center perspective. The Center had no idea the high acuity level of individuals it would deal with in the program. One of the issues was with some grant funding there was expectation that the program start immediately; therefore, the program began accepting and finding individuals to participate and as a result took some individuals who were not appropriate for the program. The program continues to work on identifying the perfect fit for the court. Another issue that has been tackled along the way is serving individuals with co-occurring substance abuse at some fairly high levels. The program has had some good success with some of the individuals having severe and persistent mental illness. The Axis I diagnosis making an individual eligible for the court really has to relate to the crime rather than to an individual who developed depression upon going to jail after committing a crime. Young men ages 18 to 25 are particularly difficult in that it is not only substance abuse and mental illness but also an adolescent brain which is not fully developed. Another big lesson is the great amount of medical needs and medications and the large amount of resources that are necessary to serve this population. The 24-7 schedule is also is very difficult and requires a lot of staff leading to high burnout and sometimes high turnover rates. An apartment building was also purchased for housing of the court population and; therefore, staff have also had to learn to become landlords.

Greg Kellermeyer congratulated Gina and Barbara on the program. Greg questioned whether the program uses Psychometrics in screening or violence risk assessments. The court is in the process of perfecting its screening tools. Greg also asked what the secret to the collaboration was. It was a long process requiring persistency and development of trust and knowing that the program has the community safety at heart.

Deirdre Parker congratulated the court for its success and questioned whether other jurisdictions were trying to implement similar programs. Shane Bahr will present on Specialty Courts in the state in October. A grant has been applied for a grant that will provide aid to one or two jurisdictions to start forming mental health courts. Jefferson County, Pueblo, Greeley, and

Colorado Springs all have drug courts and have visited the 18th Judicial District Mental Health Courts and have shared information and ideas. Denver does not have a mental health court but has a mental health docket.

Gary Darling noted that Larimer County does not have a mental health court but does have a program for individuals with both felony and misdemeanor convictions and numbers of jail bed savings almost mirror the 18th Judicial District. Gary questioned whether the court works with law enforcement so officers on the street make contact with the court when they make contact with court participants. The court has a great working relationship with local law enforcement. A peer program is being set up for court participants to give back to the community through service projects.

Melinda noted that this program is changing lives and outcomes of lives. Melinda questioned whether consideration has been given to starting a juvenile mental health court. Barbara noted that the 18th District will someday have a juvenile mental health court; however, funding and resources are limited. The current program is funded through multiple grants and funding to sustain this program needs to be identified prior to starting a juvenile program. The largest program costs are for treatment.

Money savings calculated by bed days in jail and prison; however, there was question as to what the program is costing. The cost of the program was calculated at being half-way between the one day cost of community corrections and the one day cost of the Department of Corrections. The first year of the program was the most costly due to start-up and equipment purchase costs.

Subcommittee Updates

Medication, Health Care and Public Benefits

Susie Walton provided a Medication, Health Care and Public Benefits Subcommittee update to the Task Force. Susie reported that the subcommittee reconvened and will meet at 8:30 a.m. on the third Thursday of each month prior to the Task Force meeting. The subcommittee meetings will be held in the Legislative Services building.

Susie asked that Task Force members submit names for membership on the subcommittee.

The Subcommittee discussed past Task Force Bills that have yet to be implemented and determined that further study and input was needed for further discussion. The group would like additional information on the status of the Medicaid Suspension Bill. Marceil will follow-up on the status of the bill.

The Mobile Identification bill is stalled due to lack of funding in the gifts, grants and donations line item of the budget.

The Subcommittee will continue to look for ideas and areas where legislation could impact the population studied by the Task Force.

An update from Elizabeth Hogan regarding the Medication Consistency Workgroup was presented to the Subcommittee. An issue that has spun off from the Workgroup that may be of interest to the Subcommittee regarding co-location of mental health centers with FQHCs (Federally Qualified Health Centers). There was discussion that some of this co-location is already occurring through technical assistance grants funded through Robert Wood Johnson. The Subcommittee will have further discussion on how to receive 304B pricing through the mental health centers.

The need for administrative support for both the Medication, Health Care and Public Benefits Subcommittee and the Medication Consistency Workgroup was discussed.

Chief Phil Deeds will present a proposal for potential legislation regarding involuntary medications in jail to the Subcommittee in September.

Michele Manchester reported that Mike Lewis with CMHIP will be re-joining the Subcommittee and will be bringing for discussion on the impact of increased ACF costs.

Medication Consistency Workgroup

Elizabeth Hogan provided a Medication Consistency Workgroup update to the Task Force.

The Workgroup continues discussion regarding the Prescription Assistance Program (PAP) and Elizabeth has met and discussed ideas with a Colorado Behavioral Health Council committee. There was agreement that the mental health center Psychiatrists submit paperwork prior to an inmate's release from incarceration so that the individual's medications can be waiting at the mental health center upon their release. The doctor would then have the prerogative of deciding whether that medication was appropriate upon assessment of the client. The next step in the process will be to gain buy in from all of the mental health centers. This process would not be as adaptable to the jail system as release dates are not as clear as they are within the Department of Corrections.

The Workgroup is also looking at issues of Jail to Jail consistency. A questionnaire has been developed that will be finalized and presented to the Sheriff's group regarding medication management.

Elizabeth also discussed continuity of care with the CBHC group and some arrangements are being put in place within the Department of Corrections to aid in easier communication among the Department of Corrections and the mental health center Psychiatrists.

Michele Manchester reported that court services at the state hospital is working to get an updated list of the Department of Corrections formulary.

The next step in the process might be exploration of consistency among mental health centers.

Housing Subcommittee

Michele Lapidow asked that Task Force members submit names of staff members interested in participating on the Housing Subcommittee.

Juvenile Justice Subcommittee

Michael Ramirez provided a Juvenile Justice Subcommittee update to the Task Force.

The Subcommittee is preparing for the launch event of the Family Advocacy Toolkit. The toolkit and brochures should be finalized within the next week. The final product will then be placed on the website and the toolkit will go live in approximately four weeks. The Federation of Families website will host the Toolkit on their website. The launch event for the Family Advocacy Toolkit is scheduled for Friday, October 7th from 8:00 to 10:30 at the Denver Film Society. Breakfast will be provided by the boys' culinary program at Lookout Mountain Youth Services Center.

The Juvenile Justice Subcommittee has been reviewing its mission and has discussed looking at Direct File as its next focus issue. The Subcommittee is asking approval of the Task Force for study of the Direct File issue over the next year. The Subcommittee would coordinate with other groups who are also reviewing this topic. The focus for the Subcommittee would specifically be the study and understanding of Direct File for youth with mental health issues.

Gina Shimeall noted that the majority of juveniles in this situation probably have a mental illness and it might be beneficial to focus on an agreement of what is severe and mental illness which might come in conflict with the new statute on what is a mental condition. This might be too large of a focus to be successful in passing legislation. It was noted that there may not be benefit in standardizing definitions.

This may be more of a due process question and may be beyond the focus of the Task Force's.

Jeanne Smith noted that the Oversight Committee has voiced that the first constraint for the Task Force is that we are to study the treatment of individuals with mental illness who are in the criminal justice system rather than to take on all criminal justice issues of which we don't have the capacity to do. It is important for the Task Force and Subcommittees to stay true to the charge of the Task Force.

The Subcommittee, in the process of studying the Direct File issue might get a better handle of how to articulate a specific area of focus on this issue. A major challenge may be in locating data.

Criminal and Juvenile Justice Commission Update

Jeanne Smith provided an update from the Criminal and Juvenile Justice Commission (CCJJ) to the Task Force.

Ongoing CCJJ subcommittees include juvenile, drug policy, sex offender sentencing and supervision and sentencing reform.

The Commission is looking at the possibility of there being different sentencing ranges for violent versus non-violent, versus drugs and sex offenders. This would have impact on some individuals with substance abuse and mental illness who are committing lower level crimes.

Membership Update

An official appointment has not yet been made by the Department of Corrections for an appointment in filling Jeaneene Miller's vacancy on the Task Force. In the interim Todd Helvig will continue attending Task Force meetings.

Jeanne Smith introduced Gary Darling who is the Criminal Justice Planner for Larimer County. Gary spent 30 years with the Larimer County Sheriff's Department filling a number of positions including Jail Administrator and Division Commander. Approximately four years ago Gary moved to a criminal justice planning position for Larimer County, overseeing the Criminal Justice Advisory Committee and helped to develop programs to help the system run more efficiently and effectively. Gary has been a member of a mental health/substance abuse partnership in Larimer County since 1999 which has implemented a number of programs in the County.

Nominating Committee Report

Jeanne reported that both she and Harriet will be stepping down from their positions with the Task Force. A slate of officers will be presented at the September 15, 2011 meeting. Jeanne urged anyone who is interested in serving as Chair or Vice-Chair of the Task Force should contact either Jeanne or Harriet.

Minutes Approval

Deirdre Parker moved that the June 16, 2011 minutes of the Task Force for the Continuing Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System be approved as submitted. Michael Ramirez seconded. Motion passed.

Other Updates and What's Happening at Your Agency?

Michele Manchester highlighted the Behavioral Treatment Unit at CMHIP. This is a 16 bed unit which treats the developmentally disabled individuals who are also mentally ill and many who also have sex offender charges and are incompetent to proceed. This unit has a lot of discharge barriers but a program which has been developed by Dr. Kelly and has allowed the hospital to discharge more individuals back into the community. Michele believes that a future presentation to the Task Force from Dr. Kelly regarding this unit would be beneficial to the Task Force.

Marc Condojani with the Colorado Division of Behavioral Health reported that the combined block grant draft application is currently on the DBH website for review. The final block grant application will be submitted on August 31st.

Marc distributed a handout to the Task Force which provided updates to the House Bill 10-1352 funds and the proposal process for jail-based behavioral health services. The

application deadline was August 17th and awards are anticipated to be made by the end of August.

Melinda Cox distributed an updated organizational chart for the Department of Human Services which denoted several new appointments to the agency.

The Division of Child Welfare continues work on implementing House Bill 1196 which concentrates on flexible funding which enables counties to spend the moneys flexibly and for prevention services.

Michelle Lapidow reported that a Women's Veterans Conference will be held on September 17, 2011 at the Wings Over the Rockies and is targeted towards women veterans who are returning from war or current conflict. The Veterans Administration is entering its third of a five year plan for ending homelessness among veterans and as part of the plan a Community Resource and Referral Center will be opening at 30th and Downing. An ACT Team with a psychiatrist, nurse, social workers and substance specialists will open at the Resource Center later this year. The ACT Team will also have 75 vouchers available to assist with housing chronically homeless veterans.

Elizabeth Hogan reported that one of the Departments grants involves the Aurora Mental Health Center and involves in reach, through tele-psychiatry, of mental health center psychiatrists into the department to see inmates prior to release. In looking at continuity of care issues this is a program that may be further explored for other centers in the future.

Noon – Adjourn

The Task Force for the Continuing Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System was adjourned at Noon.