

Minutes

Task Force for the Continuing Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System

Thursday, October 17, 2013

10:00 a.m. to 12:30 p.m.

Legislative hearing Room B

Legislative Legal Services Building

I. Call to Order (*Susan Walton*) 10:04 am

Welcome and Introductions by Task Force Chair Susan Walton.

II. Approval of Minutes

There were no corrections to the draft minutes put forward.

Vote:

Motion to accept the minutes as written carried unanimously.

III. Department of Corrections Presentation on Staff Safety

Ms. Jackie McCall, Colorado DOC and Offender Services

Ms. Kellie Wasco, Deputy Executive Director, DOC

Ms. McCall and Ms. Wasco explained efforts of the Colorado Department of Corrections to ensure the safety of staff, offenders, and patients in their programs. These initiatives include the following:

- Two institutions—San Carlos and Centennial—have implemented residential treatment programs for men. The Denver complex has implemented residential treatment programs for female offenders.
- DOC has broken out categories to track assaults by varying degree in order to capture data accurately to determine trends and gear solutions toward populations.
- Recently the JBC gave 13.4 more positions for the division of psychiatry in order to better match ratios recommended by APA (1 clinician to every 150 offenders with mental health issues).
- DOC is looking at offenders more as patients who need guidance through the system. As such, DOC has developed programs to keep staff members assigned consistently with offenders as they physically move through a facility.
- DOC also requires personal protection training for all employees, and many staff members are required to attend mental health first aid. The department has recently implemented DBT (dialectical behavioral therapy).
- DOC is trying to achieve a balance between a treatment model and a containment model in its approach with offenders. In the new model, DOC identifies offenders that may suffer with mental health issues and deliberately puts them where they can receive treatment, continuity of care, interaction with officers and therapists/psychiatrists as part of their treatment plan.
- Since a correctional facility is like a mini-city, there are physical plant modifications instituted for staff safety. The department encourages and has implemented suggested changes to maintain safety.

Task Force members expressed their appreciation for these measures being taken by DOC and discussed some of the challenges they see when an offender is re-integrated into the community.

One challenge identified is the continuity of prescriptions and mental health treatment. It was suggested that it would be helpful to have a file with an offender's diagnosis, treatment plan, and progress when they enter into a community setting after incarceration.

- DOC is working to educate offenders about the importance of signing the clearance paperwork that allows the department to give that information to the correctional facility. It is their hope that the "one clinician to one offender" model will help establish the rapport needed so that the offender will approve the release of information.
- Ms. Wasco stressed the value of the "3 P's" (people, programs, and physical plant) when developing a treatment plan for an offender, versus cookie cutter plans.
- Upon release from DOC, 30 day prescription are given. The department continues to work with parole on Affordable Healthcare Act benefits, which are expected to greatly enhance an offenders' ability to receive medications. Continuity of medication is an issue that DOC will continue to try to improve so that an approved treatment provider will be able to see a released offender within 30 days from their release so that they can help with the prescription gap. New nurse case managers are expected to help in this regard.

A task force member also asked what DOC is doing to help community corrections directors legitimize the offender populations coming into their facilities. Many directors do not want populations with mental health issues because of the prescription and treatment gaps they have seen.

- DOC is aware that it is in their best interest to fix these gaps as much as possible so that the incarcerated populations do not become only high risk individuals that community corrections facilities won't admit and who cannot be released from a correctional facility.
- Ms. McCall explained that the Affordable Care Act has changed the criteria for someone to receive insurance by allowing people to receive insurance even if they have no dependents.
- HCPF is going to have an automated system for offenders who are discharging. They will go through the enrollment process and will take their proxy card to Social Security Administration and get their benefits. For parolees, there will be some differences depending on the circumstances to which they return.
- ACA is also going to aid the department. Once an offender is out of DOC 23 hours, nurse case managers will work with hospitals to get them benefits if an incarcerated offender is taken to a hospital for something until they are re-incarcerated and their healthcare returns.
- If an offender has an eligible diagnosis for disability upon discharge, they are eligible under ACA to receive social security benefits. DOC has worked toward getting these diagnoses for offenders through a shared responsibility between clinical staff and case managers.

IV. Legislative Oversight Committee Update (*Susan Walton*)

Ms. Walton gave an update of the Oct 3 Oversight Committee meeting.

- The committee was very supportive of the work of the task force and see the need for the task force to continue.
- Ms. Walton updated the committee on task force activities from strategic planning and three topical issues: medication, housing, and safety of staff. Committee members were supportive of all 3 topics being investigated and would like to see legislative and non-legislative solutions proposed.
- The committee expanded membership on the task force to 32.
- Topics for further study suggested by the committee include housing, medication consistency, delivery and availability; best practices for suicide prevention in correctional

facilities; treatment of co-occurring disorders; training in staff safety; administrative segregation; data collection.

- Ms. Walton will meet with Sen. Newell to get more specificity around data collection to discuss at future meetings.

- The budget for the task force was also discussed at the committee meeting. Ms. Walton did not offer a specific number for the budget, but explained the need to support training and incentivize participation, particularly from client and family members/consumer groups. The committee was very supportive of these endeavors. They will look at how other task forces are funded and establish some equity by attaching funding language to the bill.

VI. Review of Legislation

• *Bill to Extend the Task Force – Susan Walton*

- Ms. Walton will discuss with Sen. Newell whether it is acceptable to include “reimbursement for participation” rather than “compensation” in the bill.

- The Legislative Accountant will be able to tell the committee how the reimbursement process works.

• *Juvenile Competency Bill – Michael Ramirez*

Mr. Ramirez presented to the committee and explained the reason for looking at juvenile competency since the task force’s initial discussion in November, 2012. He shared results from the subcommittee and the list of names of the subcommittee.

- Overall, Mr. Ramirez indicated that the oversight committee was supportive and may want to expand the bill.

-No substantive changes can be put forward without going back to the oversight committee. If the task force wants to suggest changes in language, a letter could be written, or Ms. Walton could talk to the legislators.

The Colorado Psychiatric Society wants to determine if they are going to support this bill. Dr. Rick Martinez feels comfortable telling them to support it if two definitions surrounding the “incompetent to proceed” and “competency” are cleared up.

The task force discussed whether the Chief Justice could collect the numbers of juvenile evaluations that have been done. Mr. Ramirez is unaware of the process for that. Dr. Martinez said that originally the people who were qualified to do these evaluations were defined and the task force should be able to find that information through the justice system if judges are challenging these qualifications.

-Rather than creating a subcommittee to address this issue, it was suggested that the message would be stronger if the entire task force presented a unified proposal. It was agreed that the next meeting will include some time to develop the task force’s unified position so that each member could discuss it with the groups/agencies being represented. Afterward, the task force will prepare a letter to the committee.

Next steps:

- Dr. Martinez will send the Mondragon decision for distribution to the task force.

- Mr. Ramirez will solicit the input of representative agencies and bring this to the next meeting.

VII. Review and Discussion of Task Force Vacancies

Ms. Walton discussed vacancies on the task force with the oversight committee. Ms. Walton stated that the task force enabling legislation is clear that the task force membership shall reflect the ethnic, cultural, and gender diversity of the population it studies. While there are practical challenges to this, Ms. Walton will strive to look at these issues and will bring this up in the discussions that she has with the agencies she approaches. The following vacancies were discussed:

- Kerry Pruitt, Mental Health Services Administrator with DOC was recommended
- The parole position, state judicial (probation), and criminal defense bar representation are yet to be filled.
- It was recommended that Dave Young serve as the DA Council representative

Next step:

-Ms. Walton will speak with Attorney Raynes with CDAC for DA representation.

There being no other business, the meeting was adjourned at 12:36 P.M.