

Minutes
Task Force Concerning the Treatment of Persons with
Mental Illness in the Criminal and Juvenile Justice Systems

Thursday, October 16th, 2014

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

Legislative Hearing Room B

I. Call to Order

• *Susie Walton, Park County Department of Human Services*

II. Introductions and Welcome

• *Susie Walton, Park County Department of Human Services*

III. Approval of Minutes

The September 18, 2014 minutes were approved as written.

IV. Health Information Exchange and Health Information Technology

- *Camille Harding, Department of Healthcare, Policy and Financing*
- *Kate Kiefert, Colorado Health Implementation Coordinator, Office of the Governor*
- *Discussion in relation to data needs—Camille Harding, Marc Condojani*

Kate Kiefert, the State Health Information Technology (HIT) Coordinator from the Governor's Office, updated the members of the task force about data initiatives that she is tasked with coordinating. An integrated system to share offender management, parole management, and electronic health record data is currently out for bid. This system would enable information sharing on a much larger scale than has ever been seen in the state. In addition, there is hope for a future data collaboration with youth corrections and the county jails. There is also an opportunity to integrate with hospitals, in the event that a person had an in-patient visit and the hospitals would have information about allergies, special health needs, etc., even for those incarcerated.

This system would address three areas of need in the criminal justice and health care systems by: 1) providing a single view of a patient, 2) by sharing of formularies, and 3) by aligning price schedules.

A discussion about Medicaid eligibility for community corrections and diversion populations ensued. The crux of the issue discussed was that an inmate released for hospital service for over 24 hours will qualify for Medicaid, but parolees in community corrections are still considered inmates in DOC so they do not qualify. In addition, diversion/community corrections populations have responsibility for their own medical costs. The question was raised whether Medicaid could kick in for those populations after being hospitalized for 24 hours. Only non-resident transitional populations qualify for Medicaid. The diversion or transitional community corrections populations do not qualify.

Next Step:

Camille Harding will get an answer for the Task Force as to whether diversion/community corrections populations could qualify for Medicaid after 24 hours of hospitalization (if they were otherwise eligible for Medicaid).

Ms. Kiefert explained the federal "meaningful use" incentive program that is available to corrections providers in Colorado to incentivize use of Medicaid. Each corrections provider is eligible for up to \$63,500 to offset costs. One of the requirements is to change the Medicaid status to "suspend" rather than

“terminated,” which was a result of legislation passed through this Task Force. A change to the Colorado benefit management system has been approved to accomplish this and it will go into effect June 2015.

Next Step:

Camille Harding will reach out to Kyle Brown to get more information about the suspend legislation

Ms. Kiefert noted other investments by agencies in Colorado to facilitate health information exchange. She mentioned efforts by the Office of Behavioral Health, Mental Health institutes, and the Health Information Exchange.

One issue is access to data in jail systems. Each jail has a different structure to track jail inmates. In order to have successful information sharing, you should identify the sources of data, and double check policies on privacy and sharing. In addition, standardization of data collected is necessary so that data can maintain integrity. Jails also are moving inmates around very quickly due to capacity issues. This creates concerns with continuity of care, and with data sharing.

Next, Camille Harding presented data collected from Healthcare Policy and Financing through the Colorado Opportunity Project, which is a partnership to analyze gaps and align data sources around various populations. She noted there is a huge opportunity around adolescents and behavioral health. They worked with the Brookings Institution to identify outcome indicators.

The presentation included data on prescription drug use of children under 18 (compared to 9 other states) as well as the teen (15-17 year olds) birth rate in Colorado. They identified a significant disparity in birth rate for Medicaid teens vs. Colorado and national data sets. The Colorado teen birth rate is 14 out of 1,000 vs. Colorado Medicaid teen births, which are 33 in 1,000. Ms. Harding said that it is likely the disparity exists because of socioeconomics. CDPHE did a significant amount of work over the last two years on contraception for adolescents.

Ms. Harding said that Office of Behavioral Health (OBH) uses a different data set for performance measurements than HCPF. They are working to align these data sets and move away from C-CAR data. There have been new measurements added this year to BHO contracts. They include “engagement,” which OBH and HCPF measure differently. They are working to align these measurements between the agencies. There has been a significant decrease in psychiatric hospital readmissions (doesn't count ER) since the start of the contract. There is a separate data set of people in the ER who are admitted for psychiatric reasons. The current Medicaid data strategy is reliant on claims and the goal is to move from getting data from claims to social determinants of health.

Next steps: Ms. Harding will try to find ER data and will send the presentation to the committee.

V. Filling the Gaps: Developing a Community Crisis Continuum

- ***Peggy Heil, Colorado Division of Criminal Justice***
- ***Regina Huerter, Denver County***

Ms. Huerter presented the history and work of the Crime Prevention and Control Commission, started in 2005. The Commission is made up of several standing committees with many stakeholders. In 2006, the Commission completed the Sequential Intercept Model for juveniles and adults. It continues to be the Commission's driving tool. Beginning in 2006, the Commission has tried to use a data guided approach, figuring out gaps and evidence-based practices to put into place, and then to create those practices and analyze them.

In general, there are 38,000 bookings in the Denver jail at any given time. Approximately 20-26% (450) are persons with an Axis One diagnosis. Ms. Huerter provided a snapshot of the data collected in one month, which included how many people were in custody, how many are on Medicaid, and how many are on psychotropic medication.

The Commission uses data to identify pressure points and areas of change and identify costs, and then uses the intercept model to structure the area of work, uses LEAN processes to identify waste and utilizes relationships with stakeholders to identify ideal state, and to maximize all resources. Ms. Huerter sits on the Behavioral Health Transformation Council, Colorado Commission on Criminal and Juvenile Justice (“Commission”), and other groups to get a perspective of the issues surrounding mental health and criminal justice.

Ms. Huerter told Task Force members that law enforcement officers really do not have a choice if someone does not fit the criteria to go to a hospital or detox. Denver has now incorporated transition units, which are a tranquil atmosphere that consist of 48 male beds and 28 female beds. These units alone have reduced inmate to inmate violence by 63%.

A soft intake includes a mental health clearance (8 questions used by SAMSA), classifications to see who needs to be in which areas of facility, and then psych nurses determine medications and specific facilities required (e.g. downtown or County). All medical and psychiatric services are delivered by Denver Health and Hospitals.

Denver’s program is as follows:

- High Acuity Unit started in 2011 and are for the highest need individuals
- RISE Units are recovery / addiction units and were started in 2012

Denver was the first large jail in the country to implement a transition to community model. The model focuses mostly on misdemeanors. Their community reentry project is not mental health or substance abuse specific, but has providers on hand who can help with mental health issues. There are specific programs for women inside the jail facilities. There are also community providers inside the facility and outside to coordinate a “handoff.” Denver uses GAP funds for 30-day prescriptions to stop the “cliff effect” when people transition to the community with a prescription. They have one week to fill the prescription, and every person released is given one. An automated release sheet is also distributed that any agency can use to see who is in jail and who is coming out.

There are units in community corrections, pretrial, and probation (adult and juvenile) that provide special services around mental health. Denver is opening up a day reporting center for people who are homeless with co-occurring issues. They are currently looking for a location for this. The Commission also provides specialized courts, such as drug court, which holds special dockets for those who are disabled or have mental health issues, sobriety court, court to community, and front-end user court. Ms. Huerter noted that the front-end user court gets a lot of attention because of the numbers associated with it.

The Commission developed a common release of information across all system players, which allows for one release to be filled out and cover multiple agencies. They are rolling out mental health first aid, trauma-informed responses, motivational interviewing training/coaching, and training on considerations for assault charges.

Denver does not have crisis stabilization beds. They are now looking at how to address this and are undertaking an effort to purchase a facility for 16 beds and 30 beds for up to 30 days of chronic homelessness. Ms. Huerter has looked at other major cities’ programs in co-responder efforts (pairing a specially trained CIT officer with a clinician to help triage the situation and determine the right facility – jail, crisis stabilization, hospital, etc.).

The Commission is also looking at the discharge process and working toward crisis stabilization, co-responder/ harm reduction, hand-off/discharge, medication consistency, information sharing, joint purchasing, regional coordination, homelessness and housing, and safety and employee wellness.

Tyler Jaeckel presented the Front-End User Project for the homeless. The housing shortage throughout Colorado is a huge issue. The Front-end User Project is a test case for use of social impact bonds. The project is housing with intensive case management, which has been studied in Denver, but the funding did not come in. The project uses a financial model to show impact and possible outcomes/reductions that could occur. Their goal is to find private funding (foundations or loans) that is paid back based on outcomes that are produced. The Front End User Project Court meets every Wednesday at 2pm. There are about 36 people in the program (at capacity). The population served has, on average, 33 years of serious addiction and homelessness. Nine individuals needed increased services and most of them are doing well. They are engaging in services, coming to court on their own, and even have visibly improved. Ms. Huerter said the hope is to get to a jail diversion process where they do not have to work through court system, but right now this is working. They are often seen as being low-level offenders who got credit for time served and were immediately dismissed. Nobody was paying any attention to them and their problems were not being addressed. Denver collects data about where these users might offend. If program participants are arrested for something, they are flagged and routed to the Front End User Courtroom.

Participants can go voluntarily to Ft. Lyon and charges are dismissed, or they can opt into the Front End program. If they opt out, they go through sentencing and go into the Front End Court. They no longer get credit for time served but they now get a 3- or 10-day sentence so they can stabilize and opt into the Front End program. If they go through process, serve time, get arrested again, it is offered again. If they opt to go to Ft. Lyon, Denver stays in touch with people in Ft. Lyon and will offer the Front End services again once the person is released. Denver will also help with reentry service once the person leaves Ft. Lyon.

Denver has collaborated in this effort with the cities of Lakewood and Aurora. There are about seven people who were also involved criminally with Lakewood. Most of the offenses are around Colfax corridor and downtown.

Ms. Huerter said she would be happy to have an opportunity to present more information about the Front End User program when data comes available. She said the Commission just happens to be the hub, but it is all about stakeholders getting people the right levels of care. She stressed the importance of having a system willing to take these things on and having a coordinating body to move things along.

The Task Force members then discussed possible resources for data collection and sharing for members of the jail population with mental health issues. Some of the challenges include systems that are unique to each agency, privacy issues, alignment of data, consistency, other agencies' efforts, etc. Camille Harding suggested a work group to look at the issue. Mr. Jaeckel suggested looking at the South Carolina model, in which the Office of Demographics put in legislation that they are the controlling agency and sign MOUs with agencies.

Next steps: Camille will pull together a meeting of Kate Kiefert, Peggy Heil, and Regina Huerter to map out the data issue and how the Task Force might address it.

VI. Update on Juvenile Competency Legislation—Michele Manchester

- ***Ashley Tunstall, Department of Human Services – Division of Youth Corrections***
- ***Michael Ramirez, Colorado Department of Education***

There will be a meeting this month and Ms. Walton will send the information to the Task Force. An interested persons memo has been given to Senator Newell. Mr. Ramirez would like to know if he sent out enough information. Janet Drake would like information on Florida that she didn't see in the emails. This will be covered in the memo issued from Amanda King's office.

VII. Update on topic area: Safety of Staff Who Work with Individuals with Mental Illness

• **Next Steps--** *Rebecca Spiess, Sheriff, Mesa County Sheriff's Office*

There was no update on this topic of study

VIII. Behavioral Health Transformation Council – Medication Consistency Group

• *Dr. Richard Martinez, Denver Health Medical Center*

Peggy Heil presented in the absence of Dr. Martinez. She said that the BHTC is trying to see if the providers could use something similar to the existing formulary for Medicaid and whether agencies could work together to possibly reduce costs through bulk discounts and joint purchasing.

IX. Affordable Care Act Update

• *Camille Harding, Department of Health Care Policy and Financing*

HCPF has asked for additional reimbursement to providers (at Medicare rate) through 2016 for primary care. There were questions and some discussion about specific services and reimbursements that are offered through Medicaid. Medicaid eligible persons are eligible to use Medicaid dollars at any behavioral health organization. There is an agreement that BHOs sort this out even if a contract is not in place. Nobody should be denied services if they are on Medicaid.

X. Task Force Membership—Discussion/Action to approve candidates to be sent to the Oversight Committee

• *Susie Walton, Park County Department of Human Services*

The Chair and Vice Chair of the Oversight Committee officially appointed Moe Keller and Lisa Thompson. Ms. Walton will work on an official appointment for Beth Feldman. If a member of the public needs to be reimbursed, there is funding available. They should speak with Amanda King or Kate Ferebee for forms. They will be reimbursed through the Office of Behavioral Health.

XI. What's Happening at Your Agency?

Task Force members provided updates from their agencies.

XII. Adjourn

Meeting adjourned at 12:29 p.m.