

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

Thursday, November 20, 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

• **October 16, 2014**

A slight change in the name of presenters in the minutes was suggested and accepted by Task Force members. Pending that change, minutes were approved as written.

IV. Presentation: Jail Based Behavioral Health Services Implementation Support

Jagruti Shah, Office of Behavioral Health

Ms. Shah, who oversees the Office of Behavioral Health's jail-based behavioral health services (JBBS) and mental health services initiative, presented the program to members of the Task Force. JBBS has been around since October, 2011 due to passage of HB 1352 the previous year. At the program's inception, the Office of Behavioral Health (OBH) chose to target the jail system for this service. They made ten awards through the competitive bid system and started in 24 counties. As of July 2013, the Correctional Treatment Board oversees the JBBS fund and granted an additional \$50,000 for recovery funds in March 2014. In addition, in May 2014, OBH was awarded \$2m from marijuana tax revenue to expand in new counties. This funding enabled OBH to look at pre-sentence populations in existing programs. The Correctional Treatment Board has recommended continuing its funding, but the marijuana tax revenue will be determined each year. As of now, the JBBS program is at \$5.5m serving 43 counties in Colorado. There have been 5,412 admissions since the start of the JBBS program.

In the JBBS program, to be eligible for services the individual must, at a minimum, be a jail resident for one month and services include screening, assessment, treatment of substance use and co-occurring disorders, and mental health disorders. The goals of the program are to provide continuity of care for the jail population, reduce the length of jail stays, reduce recidivism, and increase linkage to community-based services. Each county participating in the program has contracted with community-based providers, with the exception of El Paso. The JBBS Annual Report is posted online at <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251647517387>.

Ms. Shah presented a county-by-county snapshot of services offered, the referral process, and partners. Among these, she mentioned the following:

- OBH partners with Sheriff's Offices, and the Sheriff's Office actually selects the providers to partner with in the program.
- By statute, the program is only available to clients with mental health and substance abuse disorders, not mental illness alone. There are other services available for those who do not qualify. In many cases, a person has to be sentenced prior to becoming eligible for the program.
- The Alamosa/Conejos program is unique in that screenings are done by a booking agent, whereas in other programs, people are selected and then the screening is done.
- As of November, 2014, Clear Creek County is the newest county to start a JBBS program.
- Denver County has a whole unit (one each for male and female clients) for services. Some of the groups in Denver are run by peers, and there is no time limit in Denver for how long a client needs to be in jail to be eligible for services through JBBS.
- El Paso also has a whole unit (74 beds) for JBBS. The program offers anger management, DUI education and therapy, substance abuse groups and individual counseling. It is not a self-referral program.
- Jefferson County partners with three providers.
- Logan County has a similar model to Delta County (a large catchment area) with one provider. The county partners Centennial Mental Health, with nine other counties in the region.
- Mesa County started the JBBS program last July. The county partners with several counties along the I-70 corridor.
- OBH has encountered problems with housing (damage done to hotels/motels, etc.), for which providers are responsible. Providers now are starting to try to get clients to sign for responsibility.
- The successful discharge rate has doubled since the start of the JBBS program. A successful discharge is defined by the client having transitioned and participating in a treatment plan. How long a client stays in the program and how they are served is up to the clinician. After discharge, clients are tracked at the one-month, two-month, six-month, and twelve-month stages.
- In this fiscal year, the mental health screening process has been standardized and is outlined in the JBBS Annual Report.
- In some jails (usually the smaller ones), there is no mandatory screening at booking. In many of the larger jails, mandatory screening for every person is required.

Ms. Shah noted that the future direction of the JBBS will include merging the mental health and substance use data reporting systems, acquiring clinical data sets, and standardized screening tools. A request for proposals is expected to be released in January 2015 for the data merge project. After review of submissions, the OBH goal is to find a vendor that will provide a system to integrate both data sets and make improvements to collecting data. OBH hopes to complete the entire data project by the end of calendar year 2015.

The Task Force discussed the possibility of conducting a more comprehensive jail survey that would determine what services are being offered and where gaps are to see if the OBH program would be useful. Also, Kyle Brown, representing the Department of Healthcare Policy and

Financing (HCPF), offered that a Medicaid and behavioral health presentation could be made to the Task Force. Neither of these options was decided upon by the Task Force.

In addition, members discussed possible areas of support that could be provided by the Task Force, such as encouraging a stipulation that counties must screen for mental illness or drug addiction for every person booked in order to be eligible to receive JBBS funds. It was noted that the Task Force can advise the Oversight Committee, and it could go to the Joint Budget Committee through that process.

Next Step:

- Ms. Shah will send the Task Force the data on clients with co-occurring disorders.

V. Update on Topic Area—Data and Information Sharing

• Peggy Heil, Colorado Division of Criminal Justice

• Kyle Brown, Healthcare Policy and Financing

Ms. Heil is working on behalf of the Division of Criminal Justice on a data matching project in partnership with HCPF, the Governor's Office, and Behavioral Health Transformation Council. For this effort, Ms. Heil has been gathering information about existing data sets. She noted that HCPF recently issued report with the Department of Public Health and Environment and Department of Human Services about behavioral health. This data gathering will be helpful to create a baseline. Ms. Heil said the information flow is pretty disjointed, and that does not bode well for continuity of care. Ideally, standardized electronic data sharing would improve services.

The information that the group is analyzing, concerns where information can be shared from one agency to the next. Ms. Heil noted that often information is gathered on paper, there are some electronic assessments being done. Right now CORIO and QHN are two different health assessments being used. The criminal justice system has a long history of not sharing information. Colorado's Integrated Criminal Justice Information System (CICJIS) exchanges some criminal justice information but not regarding mental health of persons involved in the criminal justice system.

The group's first task is to figure out what information is out there. Then it can tackle how to affect the continuity of care for persons with mental illness or drug use in the criminal justice system.

Mr. Brown informed the Task Force that HCPF is engaging in a basic fact-finding mission to see how many inmates are in jail. This requires calling each jail to ask about number of beds, how many are occupied at that time, what services are provided for health care, etc.

Next steps:

- The group anticipates several more meetings. They will continue to meet, invite others as appropriate, and provide updates to the MICJS Task Force.

VI. Update on Juvenile Competency Legislation

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

Ms. Tunstall and Mr. Ramirez updated the Task Force about the special October meeting in which members of the MICJS Task Force met with the bill's legislative sponsors and representatives from the District Attorney's office and other parties interested in the language of the draft legislation. Both left the meeting with the impression that the legislative sponsors were comfortable with putting forward the current version of the bill, with the understanding that it will likely undergo some changes to address the positions of key interested parties.

Members of the Task Force expressed a desire to hear from all who are interested in presenting a position on the bill's language. It was suggested that a "white paper" approach be taken – where each party presents at most five minutes about the bill's language. After said presentations, the Task Force would determine what position it would take and advise the bill's sponsors accordingly. In addition, members of the Task Force mentioned it would be helpful to look at language from other states' statutes.

It was decided that the December meeting of the Task Force will solely focus on the juvenile competency legislation and that Task Force Chair Susan Walton will make every effort to have all interested parties represented as well as the bill's sponsors.

Next step:

-Susan Colling will get available data for the cost of court-ordered juvenile evaluations and who pays for the evaluations.

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*

Discussion Tabled

VIII. Behavioral Health Transformation Council – Medication Consistency Group

- *Peggy Heil, Colorado Division of Criminal Justice*

The Behavioral Health Transformation Council is going through a formulary to establish a common formulary and develop cooperative buying agreements to keep the cost to jails down for medications. They are almost done with moving through the list. Ms. Heil feels this will tie into the data collection efforts previously discussed.

IX. Update on Topic Area—Housing

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

Discussion Tabled

X. Affordable Care Act Update

- *Kyle Brown, Department of Health Care Policy and Financing*

HCPF continues to partner with the Department of Corrections to make sure those released from prisons are enrolled in Medicaid.

XI. Task Force Membership—Update

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

The Task Force is awaiting formal appointment from the Oversight Committee for Beth Feltman, who has been nominated to fill the position of a person who has a mental illness and experience with the criminal justice system.

XII. What's Happening at Your Agency?

Representatives gave updates about each of their agencies.

A volunteer, Addie Hodge, expressed interest in helping to collect the information about what services jails are offering. Ms. Walton took down Ms. Hodge's contact information and will be in touch with her.

XIII. Adjourn

Meeting adjourned at approximately 12:30 p.m.