

## MINUTES

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

Thursday, March 17, 2016

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

Legislative Hearing Room B

#### **Approval of Minutes:**

February minutes were not available for approval.

#### **Housing Subcommittee Update:**

The Subcommittee is preparing a draft white paper on housing pilots, data, and historical legislation that will be prepared for further recommendations and potential areas for legislation. The Subcommittee discussed the possibility of getting a supportive housing pilot in an urban and rural area.

They are trying to figure out how Denver's Social Impact Bond is replicated in rural and non-Denver urban areas. The Subcommittee will request staffing a University of Denver intern that will allow for research of historical legislation for the white paper. The white paper will likely be completed in fall as internships will begin this summer.

The Task Force held a discussion on a pilot for supportive housing in collaboration with the Colorado Coalition for the Homeless.

Recommendation to include Tyler Jackel from Governor's Office in the housing committee due to his coordination of Social Impact Bonds. Currently operating pilot in Denver County using Social Impact Bonds.

There was clarification around housing vouchers issued from DOLA to CMHCs. OBH is looking at doubling funds for individuals discharging from Institutes. Current vouchers are filled.

Current vouchers are 125. They are trying to right size fair market housing and are looking at 125 new vouchers for individuals leaving the Institutes.

The Housing Subcommittee discussed challenges around early diversion and a lack of a supportive housing restoration model in many communities. Most judges in the Denver metro area will not allow an affordable bond unless a treatment plan is in place and stable housing is available. Often no bond is allowed because of a lack of housing so individuals remain in jail.

Current voucher criteria for OBH is targeted at discharge barriers for individuals leaving the Institutes. The Task Force discussed additional funding opportunities for alternative purposes such as restoration or early diversion programs.

Request for Adam from HCPF to attend housing meetings. Jack Zelkin and Jagruti Shah volunteered to participate in housing sub-committee as well.

#### **Competency/Restoration Subcommittee update:**

The Subcommittee is examining current infrastructure and the concept of least restrictive setting for restoration. Opportunities have been identified to standardize curriculum and operate within the existing system.

The Subcommittee's next step is reaching out to Dr. Fox to discuss which entities may be most appropriate for providing restoration. Several recommendations are identified in the needs analysis conducted by OBH.

The Subcommittee anticipates producing a series of recommendations for the Oversight Committees. Formal recommendations are anticipated in the next two months.

The Subcommittee discussed juvenile restoration and making sure medication services are more accessible and guided by the best interests of the juvenile within the least restrictive settings. CDHS is typically involved if the child cannot return home. Adult competency challenges center around availability of services, psychiatry services and housing supports.

The Subcommittee discussed the potential need for a fiscal note but also indicated that it is anticipated that the number of adults and juveniles in custody will decrease and result in cost savings overtime. The Subcommittee also discussed how the statute for provision of restoration services is not defined nor which entity is ultimately responsible for its delivery.

It was discussed how the quality and accessibility of restoration services is not available while the curriculum is problematic. The need for data to obtain accurate information and numbers for determination of competency was also addressed.

The State Judicial Briefing provided 60 ordered juvenile restorations which seems extremely low for people working in the field. While there has already been a needs assessment for restoration in the adult arena, the juvenile system is so decentralized that there is no way to get an accurate number. In many jurisdictions restoration is not being ordered because it is not an available service to begin with. The Subcommittee is considering a survey for increased data accuracy.

Ask Dr. Fox to bring estimates for number of folks needing evaluation and timeline. All orders go through court services at state hospital and then they determine who will deliver the services.

The Task Force will pursue opportunities to standardize a restoration service delivery system for juveniles that provides outpatient competency services and standardized programming housed in one state agency.

The Subcommittee addressed the issue that there is no one to pay for outpatient competency services as they are not medically necessary services and not reimbursable under Medicaid. Curriculum based standards and a delivery system need to be outlined and established for juveniles, adults and individualized and tailored to the unique needs for individuals with developmental disabilities, TBI's, etc.

SB94 must be used as a source of funding to reduce length of stay. Funds are not currently being used for other programs. Specific community designs are demonstrating successful use of those funds if we were to repurpose those funds.

There is a gap in a responsible entity to recommend who would be responsible for oversight of restoration services. Identifying a provider and establishing a centralized system allows for a starting point to collect data. The Subcommittee discussed that they are working to figure out what state agency should be responsible for juvenile restoration rather than creating curriculum or a service delivery mechanism.

#### **Data/Information Sharing Sub Committee Update:**

The Subcommittee has developed a structure for information sharing system planning grant to increase efficiencies – to community BX health TX and criminal justice entities. Will allow for continuity of care:

- Deflect individuals from criminal justice when appropriate.
- Increase treatment, discharge and stabilization in the community.

- Application to apply for funds in July

Steering committee met on Monday:

Governance sub-committee has clinical and criminal justice workgroups

IT work group:

Analytics and performance metrics to improved data collection evaluation of the program

Consents and legal work group: client consent and MOU. HIPPA and 42CFR part 2 have statements around program evaluation.

When examining data on individual level will need to explore pre-disposition or post disposition data and access to information.

Recommendation to include public defenders/defense attorneys and GALs. Current data flow does not include attorneys. Current data flow map does not reflect this information.

5 functions of this electronic information sharing system:

- 1.) Exchange of information from health provider to health provider.
- 2.) Program evaluation data collection ability- evaluate the extent of the program having a beneficial evaluation design that reduces recidivism.
- 3.) Criminal justice supervision – supervision for individuals with SPMI with specialized treatment needs.
- 4.) Criminal justice status information for health providers for care coordination.
- 5.) Breaking the glass ceiling for ER situations as alternative to booking in jail. Current use is CIT/Co-responder bring to crisis versus jail booking.

Ultimate goal to treat individuals in the community. These 5 areas have been identified in rank order of how they can be executed.

CORHIO will likely be the auditor for this program in the future.

### **Discussion-Proposed 42CFR Changes**

Changes to the rule on the Federal level have been made public. There is an opportunity to comment on the rule for exchanging SUD data.

HCPF is doing an analysis and giving feedback about the changes. CORHIO hosted a dialogue on the proposed changes to 42CFR.

### **Behavioral Health Transformation Council**

No significant updates. Medication consistency continues to progress.

Council is working on the 340 B pricing meeting to create a pilot involving a jail, FQHC and CMHC integrating care to be able to significantly reduce pricing.

### **Membership Updates and Vacancies Discussion**

Local law enforcement vacancy to be filled by Chris Johnson- the head of the Sheriff's Association of Colorado and former Sheriff in Otero County.

Dave Margiotta from CMHIP has resigned and we are looking for a replacement.

Still waiting for an appointment from Judicial.

The Task force membership booklet is completed. Bethe Feltman has undertaken this task and is willing to make changes.

Looking for someone to fill vacant position from Department of Labor and Employment.

### **Legislative Updates**

Addie Hodge is volunteering to provide legislative updates to the Task Force on a monthly basis. Group will also receive written legislative updates from Mental Health America, CBHC, and CCJJ.

New Technology is providing us opportunity to use call in number. Task Force agreement to allow for call in as **necessary** but strong recommendation to attend in person.

**Other Updates**

HCPF: The Regional Accountable Entities (RAE's) will bring together the BHO and RCCO structure. The white paper on this is out on the website. Due to rebranding, the new name for Medicaid is going to be Health First Colorado: Colorado's Medicaid Program. There will be new materials and logos going forward.

Alamosa created a crisis living room and attached mobile crisis to the living room for San Luis Valley.

Trauma informed Care work in schools is currently in demand.

Colorado Coalition for the Homeless – opening of 100 affordable housing units in North Colorado Station. There are 25 units set aside for folks involved with criminal justice system. The Coalition kicked off the Social Impact Bond project which serves a total of 250 of the highest utilizers of the Denver jail system. They are partnering with Urban Institute for evaluation. The Coalition will serve 165 of the 250. There is also a new building in planning for an additional 100 highest utilizers.