

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

May 19th, 2016

II. Introductions and Welcome

III. Approval of Minutes

Minutes are not approved.

IV. Recap from April Discussion with Dr. Patrick Fox, Medical Director, Colorado Department of Human Services

The Department of Human Services is currently partnering with Equitas and law enforcement to develop a Intercept Model mapping program. They will be bringing in different groups to contribute. Equitas is trying to change the system that exists between those with mental illness and the criminal justice system.

Equitas is analyzing data to identify gaps in the Intercept model. They are currently working regionally in Colorado. The Intercept model has 5 categories in which different interventions occur.

Other programs targeting this intersection include the City/Counties of Lakewood and Arvada which are funding a co-responder program through SB-97 funding that has just been approved.

The Child Mental Health Treatment Act (HB 1116) funding stream could be used for juvenile restoration services. Parents would still have to request restoration in order to receive services.

The Rise Program is expanding from 22 to 52 in-jail restoration beds by the end of June.

SB-1410 passed legislation that allows for competency and restoration within a jail setting. It also increased transportation funding for restored individuals to get back to their respective communities.

Data for adult competency and restoration is available. There were 1600-1700 competency evaluations for the state hospital this year. It is difficult to get data on juvenile competency and restoration.

The lawsuit creates pressure to speed up restoration and competency evaluations. This could be done at the expense of individuals who need longer stays.

The state hospital used to be 2/3 civil beds and 1/3 forensic beds. Now state hospital is mostly forensic beds.

Senate Bill 169 extends the ability of the Sheriff's Department to hold mentally ill individuals without charges in jail for more than 24 hours when necessary. There is an amendment to the bill that requires the Office of Behavioral Health to address providing short term small bed alternatives in a therapeutic setting for these individuals.

There are concerns if the Governor vetoes the bill. The first is that the state will go back to current policy where Sheriffs risk holding individuals in jail unlawfully or release them after 24 hour hold

regardless of mental condition. The second is that there will be no data collected on behalf of the jails or hospitals.

The Behavioral Health Transformation Council has oversight of crisis delivery services. Rather than sending individuals in crisis to a jail setting, mobile crisis could handle service delivery and connecting people to the right services.

Jails and prisons have become places for people with mental illness to receive mental health care. Increasing the number of inpatient beds for civil patients would allow people to get help outside of the criminal justice system. It will decrease the number of mentally ill individuals in prison by increasing community services.

OBH's WICHE report was released in April 2015 that contains relevant data that could be compiled. There is also an Unmet Needs Study (2009) that details county by county the unmet needs related to mental health and substance use disorders. There will be a new Unmet Needs Study as part of the Federal Block Grant.

The Denver Post is recommending a Task Force to study and propose solutions to the lack of psychiatric crisis beds across the state.

Colorado's high threshold for civil commitment contributes to the placement of mentally ill individuals in jails and correctional facilities. Imminency prevents people from receiving services when they need them.

AAPL (American Academy of Psychiatry and the Law) is being hosted in Denver October 2017. This will bring close to 1,000 forensic psychiatrists and others to Colorado. Dr. Michael Norko, the president of AAPL, wants to feature the discussion about correctional issues and the mentally ill as the theme for the national meeting.

The money used to fund crisis centers should be evaluated now that it has been around for a couple of years. Data needs to be analyzed to see if crisis centers are serving new populations. Is there a difference in the nature of the issues they are serving or are they serving the same presenting problems? This will determine if funds need to be redirected.

Request to Invite Liza Tupa and Mary Hoeffler to the Task Force meetings to give updates on crisis centers and Behavioral Health Transformation Council.

Brief discussion about whether the Task Force create a Policy Committee?

The Sheriff's Association has a lobbyist that tracks bills for law enforcement. Frank is willing to work with Adeline and other lobbyists to provide legislative updates for the Task Force. CBHC has a legislative tracker throughout the session.

Housing Group Update

The Housing Group is continuing meetings. The group is focused on generating a white paper by early fall to identify gaps and create a proposal to address housing issues with support from legal interns at DU.

VI. Competency/Restoration Group

The Competency and Restoration Group is working on doing a needs assessment for juvenile stakeholders. They are working on a survey to distribute to juvenile stakeholders for this needs assessment.

The Survey will be sent out to all the judicial districts to identify the various roles of stakeholders, what juvenile delinquency cases look like, how many competency evaluations were ordered, what juvenile delinquency caseloads look like, how services are provided and who provides those services.

They will also address identifying whether communities believe their juvenile restoration services are sufficient and what the unmet needs are.

Dr. Neil Gowensmith from DU agreed to join the Subcommittee to provide insight regarding adult outpatient restoration services.

VII. Data and Information Sharing Subcommittee Update

The Data and Information Sharing Subcommittee has started the planning for building a justice and health information sharing system. Better sharing and communication across systems will result in enhanced continuity of care and stabilization that will reduce recidivism.

The Steering Committee discussed making diversion a main focus of this effort as well.

When workers in the criminal justice system were surveyed they responded that because there are not adequate alternatives, people are ending up in jail by default. Medication disruptions when people are transferred through different systems and housing were mentioned issues.

Behavioral health providers were also surveyed about what kind of content they would want exchanged between a criminal justice health provider and a community health provider. There were 97 responses.

The Subcommittee has identified the definition of serious mental illness that they will be using and content to be exchanged. Governance documents still need to be developed.

Does the Task Force want to move forward applying for an Implementation Grant to fund building the infrastructure for a justice and health information exchange? To move forward there would need to be letters of support from MICJS and the Oversight Committee.

Beginning in June, the contract agency Justice Information Systems (JIS) will be conducting site visits to talk to IT representatives from DOC, jails, judicial, human services and CMHCs to come up with options for building an electronic infrastructure.

One of the concerns for providers is releasing information that could be inappropriately released secondarily. Information disclosed as a result of helping someone receive appropriate treatment cannot be used against them in a criminal case.

This is part of the governance documents and agreements that have to be developed in the planning process. Developments will be run through the Attorney General's office. Disability law and SAMHSA have been contacted to review policies.

The information exchange will be used for treatment and management rather than the legal process. Problem solving court may be an exception when consent is given.

Recommendation to involve the state public defender.

The information exchange should allow people to get needed psychiatric treatment and be diverted from the criminal justice system when appropriate. If individuals do end up in the criminal justice system, make sure their psychiatric and criminogenic needs are addressed to avoid recidivism.

The Task Force approves moving forward with the justice and health information exchange.

VIII. Behavioral Health Transformation Council Update

The Medication Consistency Workgroup put forward a policy brief they will bring to the Task Force. They are addressing the issue of medication consistency between the criminal justice system and the community.

They are looking at a common formulary for behavioral health medications across the system everyone could utilize. The workgroup is also addressing barriers to purchasing pharmaceuticals and investigating potential for a statewide bulk purchasing effort. There are two main distributors of the bulk purchasing cooperative, Cardinal Health and Diamond Drugs.

One of the recommendations being put forward is to create a pilot integrated care setting in community jails to bring together physical and mental health care. It would involve providers, FQHCs and CMHCs.

340B is a Federal designation that allows FQHCs to purchase pharmaceuticals. This would allow FQHCs to purchase medications for the jail for approximately 65% less than bulk purchasing and 35% less than Medicaid.

The final consideration with any purchasing option is to have a drug utilization outlier review. This would work as an educational system with a review board to ensure proper medications are being prescribed. The review board would not be punitive in nature and would work to reduce negative medication interactions and inappropriate prescriptions being filled.

Pilot sites could be federally funded through grant expansion.

IX. Membership Updates and Vacancies Discussion

The Task Force doesn't have consistent participation from Housing or the Colorado Department of Labor and Unemployment. There is an outstanding vacancy from the Judicial Department.

X. Legislative Update

There will be no new bills introduced unless there is a special session.

Bills of continued interest: 169, 1410 and 119

Senate bill 119: videotaping of mental health evaluations. 119 has been sent to the Governor. It would require audio and visual recordings of court ordered mental health condition examinations for individuals charged with class 1 or 2 felonies and felony sex offenses.

Bill 1410 was passed and signed.

Assuming September 1st will be the last day the Committee can request bills. The last day for the Committee to approve bills is October, 6th.

The Task Force will have to bring forward any legislation by July or August.

Xi. Other Updates

The Next Oversight Committee meeting June 23rd 1:30 pm room 112.

There was a request from the Committee to get a list of all Subcommittee members.

XII. What's Happening at Your Agency?

Park County is working with Mental Health Alliance.