

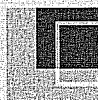
Denver Metro Area Counties

Transforming Services for Persons
with Mental Illness in Contact with
the Criminal Justice System

ACTION:

Cross Systems Mapping & Taking Action for Change
Workshop Report

Prepared for the Denver Metro Area County Commissioners
February 2008



POLICY RESEARCH ASSOCIATES

Table of Contents

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System	1
Introduction	1
Background.....	1
Objectives of the Cross-Systems Mapping Exercise	2
Strengths/Priorities	3
Cross Systems Maps and Sequential Intercept Model Narratives by County	9
Adams County	9
Arapahoe County	18
Boulder County	28
Broomfield County.....	38
Douglas County	47
Jefferson County.....	55
Analysis and Recommendations: Summary	67
Low Resource Solutions	68
Cross County Issues for the MACC	69
Report Recommendations	70
General Recommendations	73
Evidence-Based and Promising Practices	74
Program Resources	75
Appendix A: A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model	
Appendix B: Dispelling the Myths About Sharing Data Between Mental Health and Criminal Justice Systems	
Appendix C: Illness Management and Recovery Fact Sheet	
Appendix D: Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders	
Appendix E: Extending Assertive Community Treatment to Criminal Justice Settings	
Appendix F: Stepping Stones to Recovery	

Appendix G: Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System

Appendix H: Promoting Cultural Competence in Criminal Justice – Behavioral Health Settings

Appendix I: Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM). Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness

Appendix J: Metro Area Combined Intercept Model: Areas of Overlap, Regional Meeting, January 8, 2008

Denver Metro Area Counties, Colorado: Taking Action for Change

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the *ACTION: Taking Action for Change* project provided by Policy Research Associates, Inc.(PRA) at the request of the Denver Metro Area County Commissioners (MACC). This report (and accompanying electronic file) includes:

- A brief background of the project
- A review of PRA's *Cross-Systems Mapping* workshop
- A summary of the information gathered at site visits for each of six counties
- A cross-systems intercept map for each county as developed by the group during the workshop and accompanying priorities for change
- Observations, comments, and recommendations from Policy Research Associates, Inc. to help the Denver Metro Area Counties to achieve their goals

Recommendations contained in this report are based on information received prior to or during the *ACTION: Taking Action for Change* workshops and supplemental information provided by the individual counties. Additional information is provided that may be relevant to future action planning.

Background

The Denver Metro Areas County Commissioners, at the recommendation of Denver County, requested that Policy Research Associates, Inc. conduct a series of workshops to further planning to provide assistance with mental health and other services for individuals with mental illness and often co-occurring substance use disorders in contact with the criminal justice system. The project consisted of:

- A regional meeting to engage the counties in the project, gather background information from each county, and plan for local site visits
- Site visits at each county to assess cross-system collaborative efforts, gaps in services and resources
- A second regional meeting to offer PRA's observations, assessment and recommendations

The following counties received site visits:

Adams	Broomfield
Arapahoe	Douglas
Boulder	Jefferson

Denver County was involved in the regional meetings, but as it had already received services from PRA, it did not receive a site visit.

At each site visit, PRA conducted its *Cross-Systems Mapping* workshop. This involved:

- Creation of a map indicating the points of interface among all relevant systems
- Identification of gaps in service and opportunities for collaboration
- Development of a set of priorities for change

A list of participants is available in the resources section of this document. PRA workshop facilitators included: Jackie Massaro, LMSW, Dan Abreu, M.S. CRC. LMHC., Travis Parker, M.S. LIMPH. CPC, and Connie Milligan, LCSW.

Denver Metro Area Counties: Cross-Systems Mapping Workshops

Objectives of the Cross-Systems Mapping Exercise

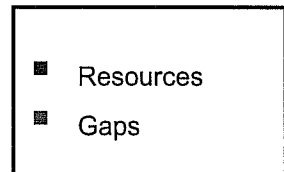
The Cross-Systems Mapping Exercise has three primary objectives:

1. The development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the County criminal justice systems along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Community Re-entry, and Community Corrections/Community Support.
2. The identification of gaps in services as well as resources and opportunities for collaboration at each intercept point for individuals in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for individuals in the target population.

A workshop summary and cross-systems maps are available for each county in this report.

Strengths

During the Cross-Systems Mapping Workshop, there were a number of excellent programs and resources identified, that provide opportunities for collaboration and which serve as a basis for service expansion. There are several programs and practices in the various counties that are particularly noteworthy. The matrix following provides listing of strengths by county nad across intercepts. Review of the matrix indicates consistent focus on Intercepts 1 and 5. There are relatively few diversion opportunities at intercepts 2 and 3. At Intercept 4, reentry programming is inconsistent across counties and with the exception of Jefferson County there remain significant gaps in reentry services.



Strengths by County

Diversion	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Intercept 1	-CIT (multiple departments) -Detox beds available -Inpatient Beds available -Step down unit available	-CIT -CIT Case Mgmt. -Inpatient Beds avail. -Arapahoe House for detox and co-occurring disorders	-CIT -Detox beds available -Inpatient beds available -Step down unit available	-CIT -Good Samaritan -Detox -Inpatient Beds available	-CIT w/case management -Detox beds available -Inpatient beds available	-CIT -Jefferson Community Mental Health Emergency Services -Criminal justice/mental health case management -Social detox available -Some inpatient Beds available -DHS referrals
Intercept 2	CESE Program	ADMIT Program sometime 2008 -Some MH jail diversion for	Public Defender Office: social worker		-Pre trial serv. -Screening upon admission -Jail MH services info to FAC	-JCMH Case Managers -DHS Referrals
Intercept 3	-Community Corrections -CESE	-Community Corrections -Mental health court 2009	Community Corrections	-D.U.I. docket -Community Corrections	-Community Corrections -SMU in jail	- Community Corrections -Special housing unit in jail - Public Defender Office: social workers DHS Referrals -In-reach JCMH Case Managers

Strengths by County

Diversion	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Intercept 4	<ul style="list-style-type: none"> -Community Corrections -CESE 	<ul style="list-style-type: none"> -Community Re-entry Program: Arapahoe/Douglas Mental Health Network -Community Corrections 	<ul style="list-style-type: none"> Community Corrections 	<ul style="list-style-type: none"> Community Corrections 	<ul style="list-style-type: none"> -Community Corrections -Arap/Douglas MH Network Community Reentry Program 	<ul style="list-style-type: none"> -Community Corrections MH residence w/ ICCS -JCMHC re-entry: transition planner -DHS Referrals -JERP
Intercept 5	<ul style="list-style-type: none"> Probation: -Dedicated mental health caseload .5 FTE -Female prison diversion -Reach referral and evaluation Parole fee for service -CESE 	<ul style="list-style-type: none"> Probation: - Dedicated mental health caseload 2+ FTE -Good referral and evaluation process Parole fee for service 	<ul style="list-style-type: none"> Probation: -PACE -Success referral and evaluation Integrated Treatment Court Parole FFS 	<ul style="list-style-type: none"> Probation: -Dedicated mental health caseload .5 FTE Parole fee for service 	<ul style="list-style-type: none"> Probation: -Dedicated caseloads 3 FTE Parole fee for service 	<ul style="list-style-type: none"> -Community Corrections Probation: -Mental Health Specialist (clinician) -3 Dedicated caseload -Parole FFS John Eachon Re-entry Program -DHS referrals -JERP

Strengths by County

Jail Based Service	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Screening	Yes	Yes	Yes	Yes	Yes	Yes
Medication access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Treatment access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Special programs/ training	Yes	Yes	?	Yes	Yes	Yes
Reentry	Yes	Yes	No	No, unless prob.	Prob. Only ADMH Net.	Yes
In reach	No	Yes	No	No	No	Yes
Medications upon release	No	No w/exceptions	No	No	Yes	No
Prescriptions upon release	3 day script	3 day script	Sometimes	30 day script	3 day script; occ. 30 script	3 day script
Appointments upon release	Yes	Yes	Sometimes	Sometimes	Yes	Yes
Identification upon release	No	Community re- entry will help with	No	No	Yes (in process)	Transition planner can help with
State Prison Releases	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	-Transition planning from San Carlos and Parole FFS in the community -VA Services -JCMH Case Managers -JERP

Priorities by County

Priorities

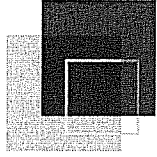
Each county having identified their gaps, identified priorities for action. The matrix following provides a listing of priorities by county and across intercepts. Review of the matrix indicates that establishing crisis triage centers was a top priority in Intercept 1 across all counties. In Intercept 4, providing medications upon release was considered a priority across all counties.

Priorities by County

Adams	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Increase in funds for community based mental health services (15)		Felony diversion (11)	Discharge planning (10)	Cross systems training (8)
	Crisis triage center (9)		Mental health court/diversion (8)	Transition case management (9)	
* added at wrap up meeting	More inpatient beds (3) Increase CESE*			Information sharing (2) Increase CESE*	Increase CESE*
Arapahoe	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (7)	Jail diversion (7)	Specialty court (7)	Medications upon release (18)	
	Expand CIT (7)			Affordable housing/shelters (11)	
	More inpatient beds for treatment (6)			Availability of treatment slots for indigent people (10)	
	Mobile crisis (5)			Expand re-entry case management (7)	
Boulder	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (19)	No diversion (9)	Develop forensic peer specialists (1)	Medications upon release (12)	Resources for non-PACE consumers (8)
	Lack of detox for persons with mental illness(9)	Lack of medications (9)	Training for Judges*	Medicaid access (4)	Services for persons on parole transition (4)
* added at wrap up meeting	CIT full implementation*	Information sharing (3)		Access to care (3)	Employment access (3)
		Bond Commissioner Role *		Develop forensic peer specialist (2)	Housing (3)
				Halfway house for prison releases (2)	
				Cross system training (1)	

Priorities by County

	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Broomfield	Intercept 1 Crisis triage center (10) Get people into detox and then to treatment (7)	Intercept 2 Validated screening instrument (12) Pass along information to judges/courts prior to initial court appearance (12)	Intercept 3 Dedicated mental health docket (3) Better coordination among BMH, Jail, Courts and CHM* *Added at wrap up meeting	Intercept 4 Peer specialists to provide in-reach jail services (10) Centralize services to decrease fragmentation and overlapping boundaries (7)	Intercept 5
Douglas	Intercept 1 Crisis triage center (9) Transportation (4) Co-occurring inpatient treatment (2)	Intercept 2 Increase jail mental health services (9) Medications upon admission (1)	Intercept 3 Develop mental health courts (5)	Intercept 4 Benefit and ID acquisition (5) Offense specific programs (2) Information Sharing (1) Training and availability of peer specialists *	Intercept 5 Develop good neighbor policy (1) FACT/FICM (1) Affordable and appropriate Housing*
Jefferson	Intercept 1 Crisis triage centers (20) Expand diversion opportunities (15) Create a continuum of services (6)	Intercept 2 Expand diversion opportunities (15) Create a continuum of services (6) Use a validated/standardized screening instrument (3)	Intercept 3 Expand diversion opportunities (15) Create a continuum of services (6) Dedicated mental health and substance abuse specialty courts/dockets (4)	Intercept 4 Meds upon release (24) and WR Housing and homeless services (18) Expand diversion opportunities (15) Access to SSA benefits (6) Create a continuum of services (6)	Intercept 5 Expand diversion opportunities (15) Create a continuum of services (6)

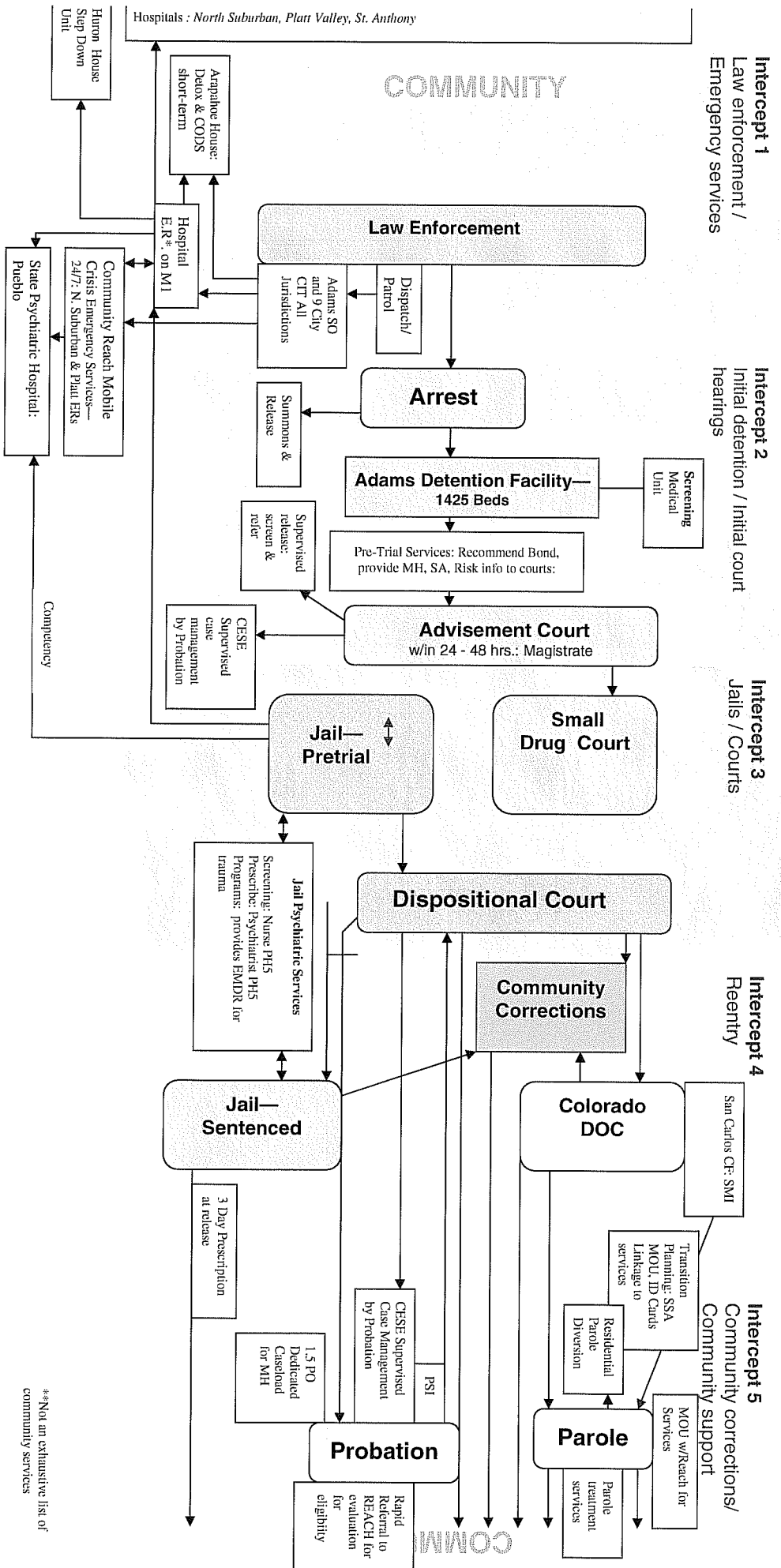


Policy Research Associates

ACTION: Cross-Systems Mapping

Adams County, Colorado

December 2007: Adams Co., Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



**Not an exhaustive list of community services

Adams County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Adams County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Adams County: Law Enforcement / Emergency Services

☐ Law Enforcement Services

Local law enforcement services in Adams County include:

- Arvada Police Department
- Aurora Police Department
- Brighton Police Department
- Commerce City Police Department
- Federal Heights Police Department
- Thornton Police Department
- Westminster Police Department
- Northglenn Police Department
- Adams County Sheriff's Department, which services all unincorporated areas

☐ Crisis Protocol

- When a person is experiencing a mental illness crisis, they are typically transported to a local hospital emergency room for evaluation
- Although sometimes an ambulance may be called, most often the person is transported by the local police
- Dispatch Service receives calls
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent
- Police officers determine which hospital to transport an individual by proximity and whether the hospital can utilize an M1 hold (72 hours)
- A 24 hour crisis line is also available to CIT officers

☐ Police Crisis Intervention Teams

- The county has a solid commitment to Police CIT
- Programs operate in all jurisdictions
- Sheriff's Dept. Corrections Officers are also CIT trained in order to better manage inmates with mental illness

☐ Crisis Services at Hospital Emergency Rooms

- Available hospitals for CIT and other officers
 - North Suburban Hospital
 - Platt Valley Hospital
- Community Reach Crisis Unit Mobile
 - Sometimes available for CIT officers
 - Responds to hospitals for evaluations
- Psychiatric hospital beds
 - Neither hospital has psychiatric beds
 - Finding beds is a significant problem
 - Release and cycling back into crisis is too common
 - People can stay in the emergency room waiting for a psychiatric bed for days

- CIT officers are often called to take people to another emergency room or to transport to hospital with psychiatric bed (if available)
- Pueblo State Hospital is the main resource for psychiatric beds
- Long-term Care Centers (such as Cottonwood)
 - Are a resource
 - Take people based on ability to pay
 - Placement is not always a good clinical fit
 - CIT teams are often called for intervention or removal of persons from long term care centers for whom there are few placement options

▣ Community Based Mental Health Services

- Community Reach
 - Comprehensive mental health center
 - Wide range of services including case management and ACT
 - Access is limited by ability to pay
 - For those without Medicaid coverage, access is severely limited
 - Indigents can be serviced by Community Reach but current demand exceeds capacity

▣ Alcohol and Other Substance Abuse

- Detoxification beds are available at Arapahoe House
 - Serves large numbers of Adams county residents
- Arapahoe House
 - Short term outpatient residential beds
 - Residential programs for persons with co-occurring disorders
- Huron House
 - Exclusively serves persons with co-occurring disorders
 - 12 beds

▣ Intercept I: Identified Gaps

- Services for indigent people
 - Paid by state to serve 450 people, but served over 3500
 - Lack of funding to meet all needs of indigent population
 - FICM/FACT for indigent population
- CIT has insufficient information
 - There is no clinical information available to CIT officers (regarding persons known to have mental illness)
 - Dispatch would like more information about "frequent users" through some kind of documentation of CIT events or flagging of individuals
- Information from CIT officers to emergency room staff is insufficient
 - A form or some other reliable documentation of behavior would be helpful to emergency room staff
- Cross training between law enforcement and emergency room service providers might be helpful to eliminate some problems
- Post-crisis services
 - There are no linkages to community based services
 - There is no money for post emergency room care
 - One stop care centers are not available
 - There is no development of behavioral management plans for frequent crisis service users
- Long-term care facilities
 - Insufficient beds
 - Increase in CIT call load to long-term care facilities has increased for response to violent incidents
- Veterans

▣	Gaps
▣	Opportunities

- There is a lack of connection to the Veterans Administration for veterans who come into contact with the police
- There is no cooperative relationship between the Veterans Administration and local police
- Felony diversion opportunities are insufficient
- **Intercept I: Identified Opportunities**
- CESE Program
 - Has specialized forensic case management services
 - One stop care center
- Veterans Administration Contact Directory is available
- Mental Health Association currently seeking funding for three Crisis Triage Centers for the Denver Metro Area

Intercept II/Adams County: Initial Detention / Initial Court Hearing

- **Arrest**
- Upon arrest, all detainees are brought to the county jail
- **Jail**
- The jail is known as Adams Detention Center
- Beds = 1728
- Staffing is for 1425
- Census at the time of workshop 1305
- **Summons and Release**
- A person may be given a summons (asked to return to the court) and released
- This disposition is at the discretion of the arresting officers
 - It can only be utilized for nonviolent Class Four felonies or below
- It was noted by the group that officers are not likely to give a summons to a person with mental illness
- Those who do receive a summons often miss court dates because many are homeless and have no permanent address with which they have regular contact
- It was noted that CIT case management could provide reminders to individuals with whom they are in contact
- **Booking**
- Booking involves -- person is placed in an intake room where they are searched and entered into the system
- Arresting officer provides verbal report to the booking officer
- Nurse screening is available 24 hours
- Medications for new admissions are verified as soon as possible
 - This is difficult on evening and third shift
 - There are formulary limitations
- **Pre-trial Services and Advisement (First Appearance)**
- Pre-trial service gathers social and criminal history for a report to the Advisement judge
- The judge uses this information to set bond
- Pre-trial Services is prepared to gather and deliver the information for Advisement in approximately 24 hours
- Mental health history
 - Generally speaking, Pre-trial Services does not make an effort to gather information about a person's mental health history

- Pre-Trial Services Supervision
 - Not available to persons with mental illness
- No bond commissioners in Adams County

- ▣ Diversion
 - No diversion programs are available

- ▣ **Intercept II: Identified Gaps**
 - There is no pre-trial diversion of persons with mental illness
 - There is a lack of involvement of both Public Defenders and the District Attorney at first advisement
 - There is no place to take persons with acute mental illness who become violent but don't belong in jail
 - Corrections officers need training in how to respond to persons with mental illness
 - Cross-training of law enforcement, corrections officers, other jail staff and behavioral health providers is lacking

- ▣ **Intercept II: Identified Opportunities**
 - Legislation is pending to suspend rather than terminate Medicaid for persons entering jail
 - Magistrate is a huge advocate for mental health services and the CESE program
 - Jail is doing some screening to identify cases for the magistrate
 - Public defender's office is making referrals to CESE
 - A training video about CESE is in the planning stages

Intercept III/Adams County: Adams County Detention Center/Courts

- ▣ Screening and Classification at Jail
 - Nurse screening is available 24 hours
 - Medications for new admissions are verified as soon as possible
 - This is difficult on evening and third shift
 - There are formulary limitations
 - Classification
 - People are identified who need further psychiatric follow up and medication management
 - Psychiatrist available at jail (contracted) for these services

- ▣ Other Jail Mental Health Services
 - Suicide risk evaluation is available
 - Acute care
 - Persons experiencing acute symptoms of mental illness are transferred to a civil hospital for stabilization and then returned to jail
 - Persons with felony charges are sent to Pueblo State Hospital
 - Persons with misdemeanor charges can be sent to Fort Logan
 - Limited one to one counseling
 - 30 bed infirmary
 - Available for medical and other special needs
 - Sometimes used for persons with mental illness
 - Limited discharge planning
 - Eye Movement Sensitization and Reprocessing (EMDR) is conducted by jail social worker
 - Dialectical Behavioral Treatment (DBT) is also available, conducted by jail social worker
 - Ms. Winters, a consumer participating in the workshop, reported on the value of mental health services and the effectiveness of the EMDR training

■ Courts

- No current mental health dockets or courts
- Family Court will incorporate a mental health docket in 2008

■ **Intercept III: Identified Gaps**

- No mental health court or other diversion
- Lack of transition planning

■ **Intercept III: Identified Opportunities**

- 24/7 medical and mental health evaluation available at booking
- Hospital access is good for persons who become acute or unable to manage in jail
- Mental health classification is done
- EMDR available
- Funding for a social worker is available from public defender's office
- Public Defender's Office has a relationship with the District Attorney's Office to negotiate treatment disposition for a limited number of individuals; possibility of building on this relationship for a formal diversion program
- Family Court will incorporate a mental health docket in 2008
- 30 bed infirmary in the jail for medical and special needs; an opportunity to do better management for persons with mental illness
- Good mental health evaluation services in the jail
- Pre-trial supervised release – an opportunity for possible expansion for persons with mental illness
- Community Reach resources available – for persons sentenced to Probation

Intercept IV/Adams County: Re-Entry

■ Re-entry Mental Health Services

- Jail provides limited services for persons with mental illness returning to the community
 - No transition case management
- Good information flow from the jail to mental health providers and to probation
- Community Reach
 - Provides rapid diagnosis
 - Accepts referrals from CESE (Community Engagement Supervision Evaluation)
 - Picks up the cost of medications
 - Each person assigned a case manager who assists with benefit applications
 - Forensic Program – has 150 persons on probation
- Non-eligible persons (for CESE)
 - No transition case management
 - Significant gaps in obtaining medication following release
 - Lack of resources to assist people with applying for benefits
 - Benefit application process is long

■ Medications

- Prescriptions -- 3 day prescription for individuals with mental illness
- Probation department has asked for 30 day prescription because it is often impossible to get an appointment for psychiatric evaluation or medication management in the community in time to continue medication without interruption
- Jail mental health staff indicated that the 3 day prescription policy was based on advice from their legal counsel, but agree to revisit the policy, especially when there is a clear designated referral and

appointment with an entity that would be responsible for continuing the medication oversight (e. g. Community Corrections placement)

☐ Prison Re-entry

- San Carlos Correctional Facility is the Colorado Department of Corrections facility designated for persons with severe mental illness
- Individuals with mental illness returning to their communities from prison do receive re-entry services
- Some individuals have difficulty accessing medication upon release, but Parole has funding for treatment

☐ **Intercept IV: Identified Gaps**

- Limited discharge planning
- Prescriptions upon release are limited to three days
- Lack of transition planners
- Lack of inter-county coordination when persons from one county are arrested in a neighboring county, released from a neighboring county or referred to services in a neighboring county e.g. shelters
- Lack of resources for medications unless there is relationship with a pharmacy or probation
- Community Corrections needs prescription for 30 days
- Transfer of information from jail to Community Reach
- Probation officers do not maximize the opportunity to get the flow of information started immediately
- Case management needed for release
- Release directly from court, no opportunity for linkage to services

☐ **Intercept IV: Identified Opportunities**

- There is currently effort in the state seeking to establish legislation so that Medicaid will only be suspended after 30 days of incarceration rather than terminated
- Forensic program on probation and parole
- State Department of Corrections provides medication to Community Corrections referrals and to persons referred for community treatment
- Rapid diagnosis clinic at Community Reach Center
- Subcommittee 1384 – shorten turn around time for eligibility...how to work with or change the regs to make process more swift
- 3 day prescription for meds (not sufficient though)
- Bus tokens given for leaving jail – make phone call available – clothes available
- Family in Need of Immediate Assistance – FIN – lodging expense, donated services out of CIT police officer's pocket
- CESE – excellent program
- Reach Program – forensic case management, therapy
- San Carlos – 255 bed secure population of inmates with mental illness– most severe with most resources, mental health classified as 5. It is the others not classified as 5 that have fewer resources, life skills for those that are being released at level 3-4 – there is skills training.
- DOC has funding for treatment services and medications

Intercept V/Adams County: Community Corrections / Community Support

☐ Probation

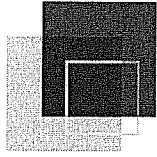
- Has funding available so everyone in need of treatment has access to it
- Community Engagement Supervision Evaluation (CESE)
 - A program to facilitate rapid access to evaluation of mental illness

- Staffing includes: therapist, nurse, psychiatrist, program director, case manager, probation officer
- Dedicated case loads -- staff to work with people with mental illness
 - One adult officer
 - Perhaps this is insufficient given that there are 10,000 people on probation in one year in Adams County and 100 probation officers
- Community Corrections
 - Community Corrections is a sentence with both residential and non-residential phases
- Parole
 - Has MOU with Community Reach
 - Parole officers can refer to treatment
 - Parole has funding to pay for treatment
- **Intercept V: Identified Gaps**
 - No medication for parolees
 - Lack of residential beds in Adams County
 - Insufficient assistance available to access benefits; SOAR training is needed
 - Cross-systems training – look at CIT training for parole officers
 - Lack of parole dedicated case loads – perhaps this could be piloted on a limited basis
 - Lack of partnerships between parole and service providers for re-entry
- **Intercept V: Identified Opportunities**
 - Parole Violation Diversion
 - A halfway house
 - 300 beds, 22% for those with mental illness
 - Medications paid for within halfway house
 - Parole officers very involved
 - Time to Change
 - Opens in July 2008
 - 280 bed facility
 - Adding approximately 120 or more beds for people with mental illness
 - Day space for persons with mental illness is separate, with less stimulation

Adams County Priorities

Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. A total of six priority areas were identified. These priority areas, ranked by the workshop participants, are listed below:

1. Funding Indigent Services (15 votes)
2. Felony Diversion (11 votes)
3. Discharge Planning (10 votes)
4. Crisis Triage Center (9 votes)
5. Transition Case Management (9 votes)
6. Mental Health Court/Diversion (8 votes)

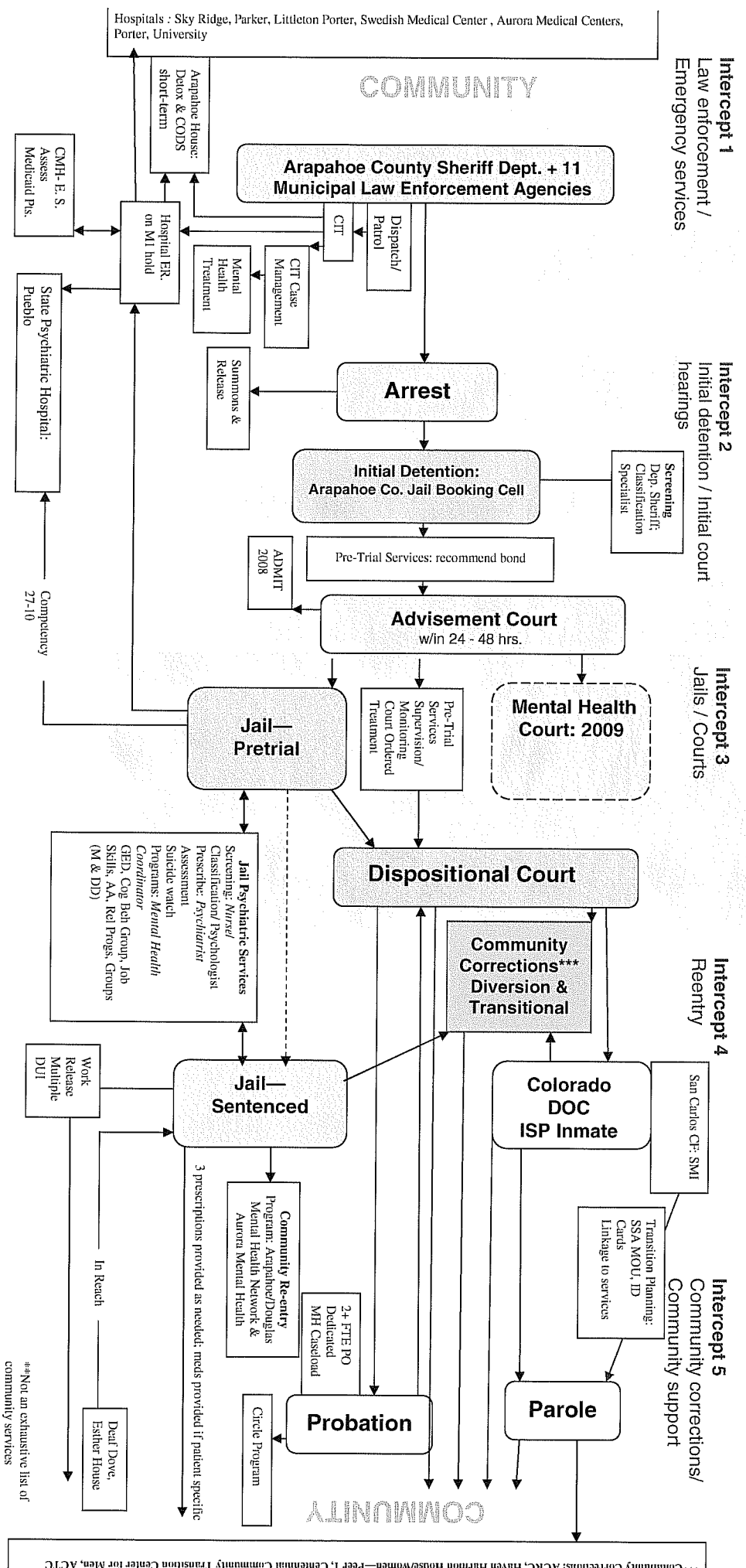


Policy Research Associates

ACTION: Cross-Systems Mapping

Arapahoe County, Colorado

December 2007: Arapahoe Co., Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



***Community Corrections: ACRG, Haven Harmon House/women—Peer 1, Centennial Community Transition Center for Men, ACTC

***Not an exhaustive list of community services

Arapahoe County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Arapahoe County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Arapahoe: Law Enforcement / Emergency Services

▣ Law Enforcement Services

Local law enforcement services in Arapahoe County include:

- Aurora Police Department
- Englewood Littleton Police Department
- Sheridan Police Department
- Columbine/Bow Mar Police Department
- Cherry Hill Police Department
- Greenwood Village Police Department
- Glendale Police Department
- Arapahoe County Sheriff Department

Arapahoe County Sheriff Dept. also provides contract law enforcement services for the following cities:

- Centennial
- Foxfield
- Bennet
- Deer Trail

▣ Crisis Protocol

- When a person is experiencing a mental illness crisis, they are typically transported to a local hospital emergency room for evaluation
- Although sometimes an ambulance may be called, most often the person is transported by the local police
- Dispatch Service receives calls
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent
- Police officers determine which hospital to transport an individual by proximity and whether the hospital can utilize an M1 hold (72 hours)

▣ Police Crisis Intervention Teams

- CIT Training
 - Approximately 46% of uniformed law enforcement officers in jurisdiction have received formal Crisis Intervention Training (CIT)
 - The jurisdiction trains from sixty to 120 officers per year
 - CIT officers are not always available
- CIT can also be requested by a community member or another officer
 - Officers not trained in CIT will often follow up with a CIT officer later
- CIT Case Management
 - CIT officers can also make referrals to the CIT case management program
 - This helps to ensure that people are linked to services
 - Arapahoe County has two CIT case managers and a coordinator
 - Aurora does not have a CIT case management program
- CIT officers also make some presentations in the community to inform the community that CIT officers may be requested during an emergency

- Crisis Services at Hospital Emergency Rooms
 - Each hospital contracts with a behavioral health team to respond and do psychiatric evaluations for people with insurance
 - If the person has Medicaid, BHI does evaluations for the mental health center
 - If the person has no resources, the hospital will do an assessment. If the hospital does not have a psychiatric ward, it is responsible to triage with one that does
 - Hospitals often release individuals before the 72 hours, and there are no mechanisms to link people to treatment in the community

- Hospital Emergency Rooms
 - Sky Ridge Hospital (East Side)
 - Parker (East Side)
 - Littleton Porter
 - Swedish Medical Center (West Side)
 - Aurora Medical Centers – North and South
 - Porter Hospital (West Side) (psychiatric ward)
 - University Hospital (psychiatric ward)

- Alcohol and Other Substance Abuse
 - Persons under the influence of alcohol or other drugs can be taken to Arapahoe House, but it is located a significant distance from population centers, so police do not use it

■ **Intercept I: Identified Gaps**

- Police Crisis Intervention Team
 - There is little awareness of CIT in the community or in hospital emergency rooms
 - Police CIT has time limited funding, with no additional funding in place for continuation of police training
 - There is a concern about sustainability for the CIT case management team as well
- Post Crisis Follow Up
 - There is no CIT case management in Aurora and therefore no follow up linkages to community services
 - Hospitals often release individuals prior to the 72 hours allowed, without linkage to community services
 - There is concern that CIT case management is under-utilized
- Detoxification from Alcohol and Other Drugs
 - There is a lack of detox services
 - Arapahoe House is at a great distance so it is not used by police officers
- No community mental health mobile crisis team
- No triage services
- There continues to be a time demand for officers to get back into service once a person has been transported to an emergency room

<ul style="list-style-type: none"> ■ Gaps ■ Opportunities

■ **Intercept I: Identified Opportunities**

- The Denver Metro Area is currently seeking funding for three triage centers
- These triage centers will provide telephone consultation and utilize peer specialists on a full recovery team

Intercept II/Arapahoe: Initial Detention / Initial Court Hearing

■ Arrest

- Upon arrest, all detainees are brought to the county jail
- ▣ Jail
 - The jail is known both as the Arapahoe County Jail and/or the Sullivan Detention Center
 - Beds = 1166 beds
 - Average daily population = 1335
 - Utilization at the time of workshop = 260, with an estimated 208 persons with serious mental illness
 - Behavioral control unit often houses persons with identified mental health problems
- ▣ Summons and Release
 - A person may be given a summons (asked to return to the court) and released
 - This disposition is at the discretion of the arresting officers
 - It can only be utilized for nonviolent Class Four felonies or below
 - It was noted by the group that officers are not likely to give a summons to a person with mental illness
 - Those who do receive a summons often miss court dates because many are homeless and have no permanent address with which they have regular contact
 - It was noted that CIT case management could provide reminders to individuals with whom they are in contact
- ▣ Booking
 - Booking involves -- person is placed in an intake room where they are searched and entered into the system
 - Booking deputy will ask a few general questions
 - Booking nurse will inquire about health and mental health history
 - No standardized screening instrument for mental illness is used at booking
- ▣ Pre-trial Services and Advisement (First Appearance)
 - Generally, in each of the Denver Area Metro Counties, a pre-trial service gathers social and criminal history for a report to the Advisement judge
 - The judge uses this information to set bond
 - Pre-trial Services is prepared to gather and deliver the information for Advisement in approximately 24 hours
 - Arapahoe County Court advisement is done by way of video, where the person is accompanied by the prosecuting attorney and possibly by a public defender
 - District Court advisement is done in person
 - Mental health history
 - Generally speaking, Pre-trial Services does not make an effort to gather information about a person's mental health history
 - This information would come forward only if the person volunteers the information or if a family member provides it
 - The judge can order evaluation and treatment, but this is most often used for persons with substance use disorders
 - Pre-Trial Services Supervision
 - A small number of individuals, mostly substance abusers, are likely to be ordered to pre-trial supervision with drug urine testing
 - Individuals are responsible to pay for this testing
 - If an individual is on a "behavioral hold," their advisement will be postponed
- ▣ Diversion
 - 2007 -- currently no diversion programs in place in Arapahoe County
 - 2008 -- there are plans for two programs in 2008 for misdemeanants, one in Aurora Municipal Court and one in Arapahoe County Court
 - These programs will include intensive outpatient treatment

■ **Intercept II: Identified Gaps**

- There is no pre-trial diversion of persons with mental illness
- Pre-trial services do not identify persons with mental illness or communicate this type of information to the judges
- There are no mechanisms to communicate information about mental illness across intercepts
- There is no screening done at booking with a validated screening instrument
- People should be able to access current medications quickly upon entering jail
- No attention is given to families, particularly children of arrestees

■ **Intercept II: Identified Opportunities**

- In 2008, the Aurora Mental Health Center Intensive Outpatient Diversion program will be mobilized, serving Arapahoe County and Aurora Municipal Courts
 - This program will serve individuals with misdemeanor charges and possibly some felony offenses (ADMIT)

Intercept III/Arapahoe: Arapahoe County Jail (Sullivan Detention Center)/Courts

■ **Screening and Classification at Jail**

- After Advisement, individuals held in jail will be seen by a classification specialist
- Mental health coordinator
 - If the initial screening indicates that a person has a mental illness, they will be seen by the mental health coordinator
 - Will inquire about current and past mental health treatment, including medications
 - Standard questions about suicide and substance abuse are used
 - An offender screening is used, but it has been altered many times, raising questions about validity
- Psychologist / Psychiatrist (contract positions)
 - Persons with mental illness then referred to jail psychologist for evaluation (contract)
 - Effort will be made to verify current medications so that these can be continued
 - Referral to jail psychiatrist serving for individuals who need a prescription
- Re-entry
 - At this point, re-entry planners may get involved

■ **Civil Commitment and Competency**

- Jail psychologist also does assessments for civil commitment (for those who are a danger to self or others)
- This assessment information is provided to the judge, who then orders commitment to Pueblo State Psychiatric Center
- Individuals in need of competency evaluations are sometimes evaluated at the jail

■ **Other / Jail Programs**

- Suicide watch and clearance
 - In addition to medication, the jail mental health service providers assist with suicide watch
- Programming open to all jail inmates
 - Cognitive behavioral group
 - Prerelease job skills
 - Female empowerment group
 - Men's empowerment
 - AA
 - Chaplain services
 - ADMHN – jail program;
 - Law library

▣ Courts

- There are two county courts in Arapahoe County, with three judges in each
- There is currently a half-time employee working to design a plan for a mental health court to be mobilized in February of 2009

▣ **Intercept III: Identified Gaps**

- When people move from one jail to the next (transported on additional charges), the person's information and medication do not follow him or her
- Not everyone has access to jail programs
- No drug court
- Major backlog exists for competency evaluations
- Individuals determined to be competent often cycle back and forth between hospital and jail
- There are long waiting lists to get people into treatment
- There is no substance abuse intake in jail

▣ **Intercept III: Identified Opportunities**

- A mental health court is planned for 2009

Intercept IV/Arapahoe: Re-Entry

▣ Re-entry Mental Health Services

- Re-entry case managers provide services
 - Arapahoe/Douglas position is paid for by booking fees
 - Employed by Arapahoe/Douglas Mental Health Center or Aurora Mental Health Center
- Link to services
 - Make appointments for various mental health and other services
 - Assist with benefits
 - Assist people with keeping their appointments
- Non-eligible persons
 - It was noted that individuals who do not qualify for re-entry services will be given a referral list and some assistance with making an appointment
 - Case management services are primarily for individuals who live in the county
 - It was noted that this is a problem in all the Metro Area counties, since there is no reciprocal process

▣ Jail In-reach

- Some treatment providers do come in to the jail to meet with individuals referred to their programs
- Circle Program
 - 90 day program
 - 22 beds for individuals with mental illness and co-occurring disorders involved in the criminal justice system
 - Individuals cannot be on addictive medications
 - Services include stabilization of mental illness symptoms, assistance with addiction recovery and treatment of criminal conduct
 - Long waiting lists, with women waiting six to eight weeks and men waiting four to eight months

▣ Medications

- Prescriptions -- for individuals with mental illness
 - 30 day prescription if going directly into a treatment program
 - 3 day prescription for those not linked to services

- People who do not have health insurance benefits will be unable to fill these prescriptions
- ▣ Prison Re-entry
 - Individuals with mental illness returning to their communities from prison do receive re-entry services
 - Most are released from San Carlos with an intensive discharge plan
 - Romanoff Legislation provides for application for benefits before release
 - Most people leave prison with a prescription, but some do leave with a supply of medication
- ▣ **Intercept IV: Identified Gaps**
 - No work release for persons with mental illness – generally can't meet the criteria
 - People have difficulty accessing medications upon release
 - Mental health clinics often have waiting lists, delaying access to services
 - Most individuals need help getting benefits and identification (DMV charges \$15)
 - There are not enough re-entry case managers to fill the need
 - There are insufficient services for armed services veterans
 - There is little affordable housing; there is only one homeless shelter in the county, and this program wants face to face interviews, so cannot plan ahead from jail
 - There are no residential programs for treatment of co-occurring mental illness and substance use
 - Mental illness can limit access to substance abuse treatment programs
 - Department of Corrections does not always know county to which person will be released
- ▣ **Intercept IV: Identified Opportunities**
 - There is currently effort in the state seeking to establish legislation so that Medicaid will only be suspended after 30 days of incarceration rather than terminated

Intercept V / Arapahoe: Community Corrections / Community Support

- ▣ Probation
 - Information about mental illness
 - No screening for mental illness
 - Information about mental illness, trauma or substance abuse is usually gathered by interview for the pre-sentence investigation
 - Probation officers can request a mental health evaluation
 - Probation officer training about mental illness
 - Probation officers in Arapahoe County receive Crisis Intervention Training, and they are well connected to the CIT community
 - CIT trained probation officers provide education to other probation officers
 - Dedicated case loads -- staff to work with people with mental illness
 - One adult officer and two full time equivalent plus 10 hours
 - Referred from general supervision
 - Work closely with Arapahoe/Douglas Mental Health and Aurora Mental Health
 - Services delivered under a case management model rather than a supervision model
 - Education and resource night for families of clients, to understand expectations of probation, to support of probation, learn about mental illness from NAMI, and receive information from the Social Security Administration about benefits
 - Consultation to the Public Defender, private counsel, District Attorney
 - Consultation to other probation officers
 - Cross-training to track people from point of arrest to probation
 - Services
 - Probation Department has funds to pay for a variety of services, but not medication
 - Treatment

- Housing
- Drug testing
- Some transportation (bus passes)
- Partnerships with treatment and support services
 - Memoranda of agreement with Arapahoe/Douglas Mental Health and Aurora Mental Health regarding fees and intake procedures
- This department also maintains regular contact with mental health services in Denver and the Coalition Against Homelessness

- Community Corrections
 - Community Corrections is a sentence with both residential and non-residential phases
 - Arapahoe County Residential Center (ACRC)
 - 206 bed facility for women
 - Staff of twenty-six
 - Accepts individuals sentenced directly from the court, from the State Department of Corrections, and parole
 - Residents must work full-time and participate in treatment (note that individuals with serious mental illness may need sufficient recovery before they will be able to participate in full-time employment)
 - Offers a women's recovery academy with two, two-hour sessions per week
 - Provides cognitive-behavioral treatment, family treatment, parenting classes, relapse prevention services and assistance with employment
 - Other programs for women
 - Haven for women
 - Haven Harmon House for women with co-occurring disorders
 - Centennial Community Transition Center and a community treatment center
 - Programs for men
 - Peer 1 Substance Abuse Therapeutic Community
 - 25 beds
 - For men who do not have mental illness
 - Referrals
 - Community Corrections refers to Arapahoe/Douglas for intensive case management (on a sliding scale) for dual disorder treatment
 - It also refers to Arapahoe House

- **Intercept V: Identified Gaps**
 - Since there is no standardized screening at the Probation Department, it is likely that there are many individuals with mental illness who are not identified and who are at risk for failing at probation
 - No money for medication
 - Insufficient transportation services to support easy access to services
 - It is difficult to get benefits for individuals sentenced to community corrections since there is ambiguity as to whether they are incarcerated or not
 - For the same reason, there is no money for medication for persons sentenced to community corrections
 - Lack of employment services and opportunities for this population

- **Intercept V: Identified Opportunities**
 - Probation may be able to partner with mental health to increase case management services to target population

Arapahoe County Priorities

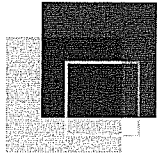
Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. A total of 13 distinct priority areas were identified. These priority areas, ranked by the workshop participants, are listed below:

Top Priorities

1. All systems work to assure access to medication or funding for medication (18 votes)
2. Affordable housing or homeless shelters provided locally (11 votes)
3. Expand availability of treatment slots for indigent people (10 votes)
4. Expand CIT and re-entry case management (7 votes)
5. Triage center for emergency services (7 votes)

Additional Priorities

- Develop a jail diversion program (7 votes)
- More inpatient beds for treatment (6 votes)
- Include a focus on cultural competency
- Develop transitional planning across all intercepts
- Expand and improve crisis services
- Expedite access to medical assistance, Social Security, and other Benefits
- Expand peer counseling, support, and specialists
- Literacy, GED, and higher education access
- Prevention programs
- Focus on juveniles
- Funding for more residential rehabilitation; revisions to rate structure
- Increase access to transportation
- Better quality of life for our clients
- Support Twelve-Step based, emotions anonymous, and dual recovery groups
- Increase community treatment service options; increase communication; increase access through walk-in hours and evening hours
- Provide illness management and recovery skills
- Public education regarding stigma and cost-effectiveness of services

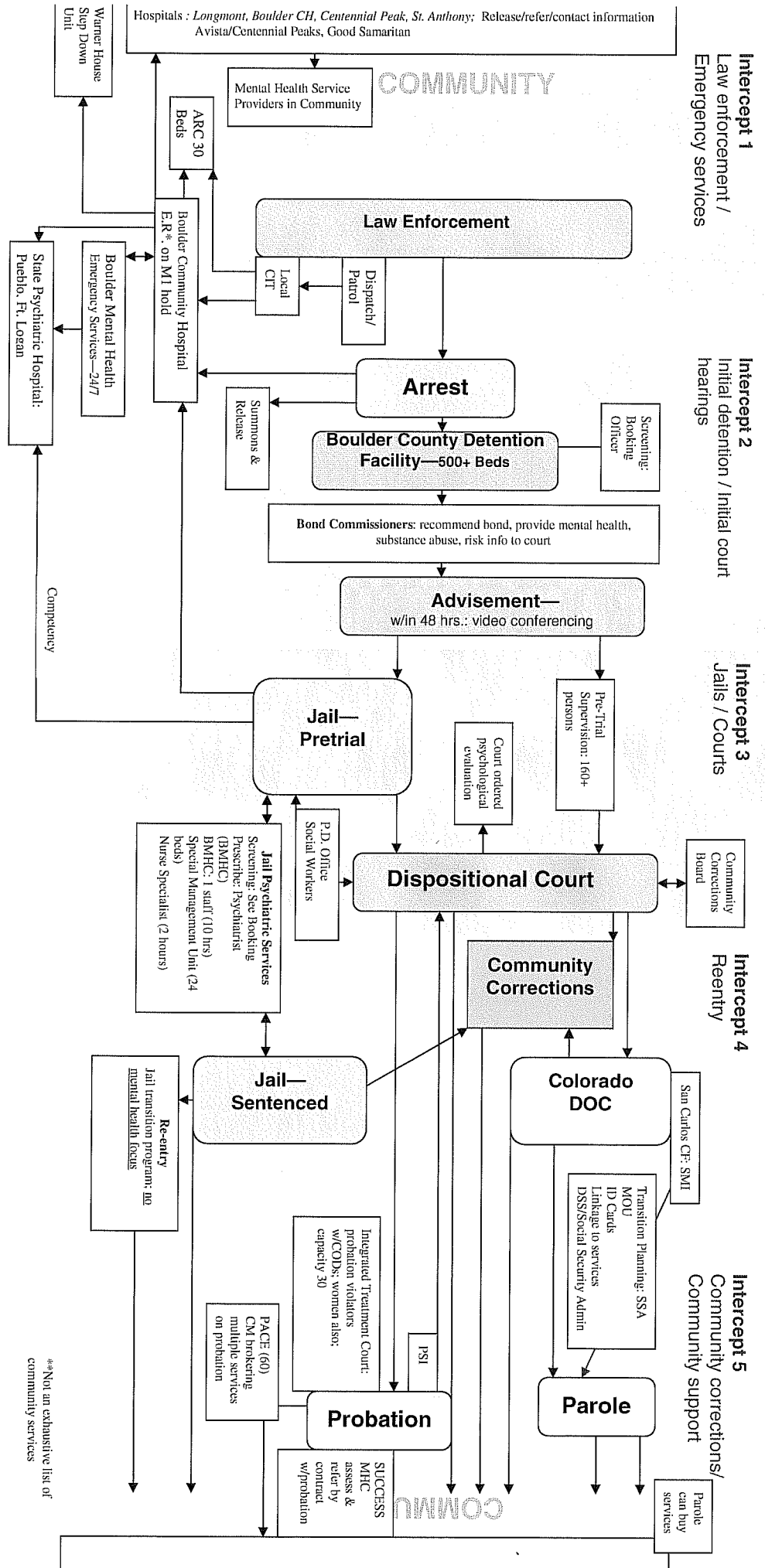


Policy Research Associates

ACTION: Cross-Systems Mapping

Boulder County, Colorado

December 2007: Boulder County, Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



**Not an exhaustive list of community services

Boulder County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Boulder County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Boulder: Law Enforcement / Emergency Services

In this intercept, the spirit of collaboration that Boulder has been in the process of creating and refining for over 10 years, is clearly evident. There is a good working relationship between the Boulder Mental Health Center and the local police departments.

▣ Law Enforcement Services

Local law enforcement services in Boulder County include 170 officers:

- Boulder County Sheriff's Department
- Boulder Police Dept.
- Longmont Police Dept.
- Lafayette Police Dept.
- Louisville Police Dept.
- Lyons Police Dept.
- Nederland Police Department

▣ Crisis Protocol

- When a person is experiencing a mental illness crisis, they are typically transported to a local hospital emergency room for evaluation
- Dispatch Service receives calls
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent
- Police officers determine which hospital to transport an individual by proximity and whether the hospital can utilize an M1 hold (72 hours)
- Police officers have the ability to cite and release a person whose behavior is related to symptoms of mental illness and is not criminal
- Assisting in this process are mental health professionals from (name) who arrive at designated ERs to provide emergency mental health evaluations
- This collaborative interchange is available 24/7 and is accessed through the mental health centers crisis line
- The crisis line services the community and is also used as a resource for police officers
- A gap in service that was identified was the lack of available mental health staff to work with the police in hostage negotiation situations and to provide home visit crisis interventions

▣ Police Crisis Intervention Teams

- The police department has a force of 170
- They operate a Crisis Intervention Team (CIT) which is in its second year of operation
- There are 24 slots for CIT training, which is organized at the state level, that are shared across Boulder County
- Twenty officers have been trained to date out of a police force of 170
- The training has focused on supervisors so they can be a resource for the rest of the force
- More CIT officer training is planned, though the long wait for the training was cited as a problem they would like to have corrected

■ **Crisis Services at Hospital Emergency Rooms**

- Boulder County Mental Health (private contractor) provides emergency psychiatric services (EPS) at the emergency rooms
- This is a 24/7 service
- A mobile crisis team is located in the Boulder office
- Hospitalization
 - While several of these hospitals have emergency rooms that provide a safe location for emergency evaluations, participants expressed a need for more hospital beds
 - The closing of 31 beds at St. Anthony's has created problems
 - There are times when it can take over 24 hours to find a hospital bed for someone in crisis.
 - This is particularly evident when a person becomes combative
 - Emergency rooms are not able to contain disruptive behavior, and the lack of immediate access to a higher level of care can result in people with mental illness being taken to jail
 - This issue is more problematic if the person being evaluated is from another county
 - There is not helpful reciprocity between counties to provide assistance
- Hospitals
 - Longmont
 - Boulder Community Hospital
 - Centennial Park
 - St. Anthony
 - Avista
 - Centennial Peaks
 - Good Samaritan

■ **Alcohol and Other Substance Abuse**

- People with drug and alcohol problems, along with mental illness, have fewer resources
- Most of the area hospitals will not serve people with co-occurring disorders
- The Warner House offers step down beds
- Detox center, The Addicted Recovery Center at Belmont, has 20 beds
 - This center is unlocked and does not accept referrals for someone who has mental health problems
 - In addition, if a person becomes combative, the person can be taken to jail

■ **Need for Additional Services**

- The consensus of the group was that the mental health center is under-funded
- They would like to provide more forensic specific mental health services
- Would like to offer additional mobile crisis services that can be available to the consumer in places other than an emergency room

■ **Intercept I: Identified Gaps**

- There is a need to expand the police Crisis Intervention Team; however, resources for this are limited
- Lack of hospital beds, particularly for those with co-occurring substance use disorders or those individuals who become combative
- Under-funding for community mental health services, particularly for those without insurance
- Lack of services results in too many people with mental illness going to jail
- Serving non-county residents is problematic
- No crisis negotiators
- Lack of detox services
- Limited capacity for EPS to provide service at locations other than emergency rooms

■ Gaps
■ Opportunities

■ **Intercept I: Identified Opportunities**

- Funding for Crisis Triage centers for the Metro Area would be helpful in alleviating some of the problems related to services at this intercept
- Police would have a facility that could not only evaluate people in crisis, but one that would receive them and place them directly into treatment
- This option would be particularly helpful if the Crisis Triage Centers offered secure detox services
- Mental health center Emergency Psychiatric Services is available to law enforcement and jail for consultation by phone
- Good CIT base to build upon

Intercept II/Boulder: Initial Detention / Initial Court Hearing

■ Arrest

- Upon arrest, all detainees are brought to the Boulder County Jail or a holding facility

■ Jail

- The jail is known as the Boulder County Detention Center
- Beds = 400 beds

■ Citation and Release / Bond

- When an individual's behavior brings them to the attention of law enforcement, and a citation is issued, several different things can occur
- After arrest the person is taken to the Boulder County Detention Center or to a holding facility
- From there a bond commissioner, who is available 24/7, provides a quick assessment
- If the individual has certain misdemeanor charges and conditions are favorable for release, people can bond out prior to seeing the judge
- If bond is not posted, an appearance before an Advisement Court Magistrate is scheduled within 48 hours
- County judge sees all arrestees who have not bonded out

■ Booking

- At booking a person is placed in an intake room where they are searched and entered into the system
- Boulder County Detention Center provides screening
- It can initiate in-custody mental health services and make recommendations related to a person's disposition
- Screening information is gathered from the arresting officer and the booking screening officer
- Questions seek information about a person's mental health status and substance abuse risk
- This information, depending on its urgency, can initiate a referral to one of the Detention Center's mental health staff, can initiate crisis response services from the community mental health center and can be provided to the court through the Bond Commissioner

■ Diversion

- No formal diversion program at this intercept
- Bond Commissioners
 - Provide some of the only diversion opportunities at this juncture
 - Operate with clear criteria on setting bonds and offering releases
 - Approximately 25,000 interviews a year and release 35%
 - Can make information available to the judge and can recommend additional evaluations related to mental illness and substance abuse problems
 - Protect the safety of the community, but are also open to additional training on issues related to mental illness and how to release people safely back into the community

- Public Defenders
 - Available at the first appearance court hearing, Advisement Court
 - Can initiate a referral to a Public Defender's Office social worker who is available in the court to assist, especially in situations when a person's charge may be related to mental illness

- **Intercept II: Identified Gaps**
 - County judge has limited information, only that gathered in last 24 hours
 - No formal diversion program is available at this intercept
 - Used to have voluntary mental health treatment offered at first appearance court, but this procedure has been discontinued

- **Intercept II: Identified Opportunities**
 - Bond Commissioner in jail serves to provide "informal" diversion
 - Jail screen flags persons for further evaluation by jail mental health staff
 - Screening process seems to be working well
 - Emergency Psychiatric Services from Boulder Mental Health will provide evaluations at the detention center
 - Good communication between Bond Commissioners and jail staff
 - Public Defender office social worker can facilitate some diversion
 - Previously there was a diversion court for low-level, non-violent felonies; however, this has been discontinued
 - Some cases can be resolved in first appearance court
 - Bond Commissioners are open to training – community safety an issue but would be open to more mental health training and release to safety net
 - Police officer information is given to Jail. Has mandatory field on form.
 - Identification of Axis I offenders that carries over to new arrest to flag offenders

Intercept III/Boulder: Boulder County Detention Center/Courts

- Jail Mental Health Services
 - Mental health services provided through a partnership between the Sheriff's office and the Boulder Mental Health Department
 - Jail mental health staff (2) can provide psychological evaluations
 - Safety is assessed first
 - Crisis
 - If hospitalization is necessary, EPS comes to jail to evaluate and make hospital placement
 - If person remains in jail, a management plan is established which includes suicide precaution, issues related to danger to others, and housing placement
 - Medication
 - Active prescriptions must be approved by jail physician or psychiatrist
 - Health services tries to verify medications, but uses stock medications
 - Arrange for crisis evaluations but access to hospital beds is limited and can take weeks
 - 30% of the jail population (400+) is on psychotropic medications
 - Psychotropic meds make up 68% of the pharmacy budget
 - Dr. Wong from mental health center can provide some medications
 - Psychiatric coverage is supplemented by services of a nurse practitioner
 - Response time for psychiatric medication evaluation can take several days
 - Jail keeps historical records of past mental health alerts for people that cycle back into jail
 - Individuals can request mental health services

☐ Jail Programs

- Substance abuse evaluation can be done in the jail and referrals are made to the jail-based Phoenix House program
- Alcoholics Anonymous
- Narcotics Anonymous
- Educational programs in life skills, literacy, health issues and others
- Religious programs

☐ Courts

- County Court judge jurisdiction limited to misdemeanors
- District Court handles felony charges
- There are no pre-plea mental health or drug courts
- Integrated Treatment Court for probation violators (see Intercept V)

☐ **Intercept III: Identified Gaps**

- Restraint chair is used in jail if there is no access to hospital care
- Response time for medication evaluations is lengthy (for either psychiatric crisis or non-acute)
- Lack of access to civil inpatient beds results in long stays in jail prior to transfer
- Lack of forensic locked ward beds; 14 beds at Fort Logan State Hospital
- Lack of opportunity for jail initiated jail diversion
- People with mental illness end up in jail because they do not take medications
- Lack of forensic peers specialists
- There are no clear diversion options at Intercept 3

➤ **Intercept III: Identified Opportunities**

- Jail has some mental health services and some capacity to respond to needs for medication
- 72 hour mental health hold is available upon release
- NAMI and mental health center have a speaker's bureau which addresses stigma issue
- Satellite clinics are available in high need areas
- There is a brief urgent care program attached to crisis and screening team

Intercept IV/Boulder: Re-Entry

☐ Transitions Unit (no individuals with mental illness)

- Housing unit for those who want to do something to improve their lives
- Offers positive peer support
- It reaches out to community justice services and gets people to work on pre-release planning
- Within 60-90 days they do release planning
- This program has a good track record of reducing recidivism
- Unfortunately the Transition Unit does not target people with mental illness because they often have very specific needs
- People with mental illness are assigned to the Special Management Unit

☐ Probation at Release

- Success Program offers rapid referrals for mental health services for people who are re-entering the community
- Success Program provides mental health evaluations

☐ PACE Program

- Court based (ordered) service for people who are on probation
- Links to treatment from jail
- Capacity is 60

- Anyone can make a referral
- Screening done at jail, and Level of Service inventory is used by staff who screen for eligibility
- Services include: hospital beds, medication, help with housing, employment assistance
- One consumer volunteered how helpful the program has been to him to keep him in recovery, in safe housing and employed
- The program needs more evening and weekend support than is currently allocated
- It is a highly successful

- ▣ Medications
 - Medications are not provided for persons released from jail and scripts are sometimes provided. Jail staff lack staffing resources to consistently provide reentry services and there are no current reach in services available to assist with reentry services

- ▣ Prison Re-entry
 - San Carlos, Colorado Department of Corrections facility provides housing and programming for level 5 inmates
 - Needs are classified on a questionnaire of twenty with a scale of 1-5, with 5 being the highest
 - Services include: therapy, case management, housing, referral, life skills program and medication
 - Reentry from prison starts with self reporting and a needs assessment process
 - There are some residential programs in Jefferson County and Denver for people in the Metro Area but they are not available in Boulder County

- ▣ **Intercept IV: Identified Gaps**
 - No funding for psychiatric medications upon release from jail
 - It is difficult for persons released from jail to get a timely appointment for evaluation and treatment, including medications
 - No quick referral process for people getting out of jail on general sentencing
 - It takes time to access benefits after release, a minimum of 60 to 90 days
 - PACE supports limited to certain times of day – not weekends or evening
 - No re-entry case managers in the jail
 - Not enough residential and half way houses for people coming out of prison
 - Mental health providers generally lack awareness and understanding of the impact of incarceration on people with mental illness
 - Lack of resource directory for releases outside the Boulder community
 - Difficult to engage (or re-engage) individuals with mental illness after incarceration
 - ACT model is limited and more aggressive outreach is missing

- ▣ **Intercept IV: Identified Opportunities**
 - Transition unit in jail reduces recidivism and can serve as a model for transition planning for individuals with mental illness
 - Special management unit at jail provides specialized services for persons with mental illness
 - Success Program offers a rapid referral resource from probation to treatment
 - PACE offers a wide range of services – housing, finding jobs – but are not available in evening or weekends

Intercept V / Boulder County: Community Corrections / Community Support

- ▣ Probation
 - Two dedicated officers for persons who do not have sufficient support and need additional support

- ▣ Community Corrections
 - Community Corrections is a sentence with both residential and non-residential phases

- Two residential half-way houses
- Integrated Treatment Court (ITC)
 - For probation violators
 - Offers an array of services to those who have a co-occurring disorder
 - Makes referrals to Boulder Mental Health Center and to Boulder Public Health
 - Services include: assessment, outpatient treatment, group and individual therapy, Twelve-Step Self Help program four times a week, and drug monitoring
 - There are private providers for Spanish-speaking people and others on contract
 - Drug court model
 - The ITC follows a drug court model by providing court visits bi-weekly and team periodic reviews
 - Incentive/sanctions are provided
 - Rewards include praise, presents, waiver of fees, and increased privileges. Sanctions are short jail stay or work release sentence, day reporting, disapproval, and disappointment.
 - Information on a person's progress flows from the drug and treatment providers to the court
 - Gender-Specific Programming
 - Special female offender program within the ITC
 - Offers gender-specific programming, child care services, vocational assistance, self defense classes, self support, and a case aide
 - 30 women in the program
 - Linked to professional therapists and DBT
 - Some housing provided to help divert some women from long jail sentences or prison
- **Intercept V: Identified Gaps**
 - DOC parole releases
 - No linkages to services for people not referred to PACE
 - Parole dedicated officers need training
 - No medication funding for people with mental illness on parole
 - People on probation and parole, particularly those with mental illness, need assistance with training and accessing employment
 - HUD rules around Section 8 eligibility limit access to housing for this population
- **Intercept V: Identified Opportunities**
 - Female offender program within ITC and as separate program
 - Dedicated probation officers for persons without sufficient programs and support
 - Home detention allows for ongoing treatment and benefit access

Boulder County Priorities

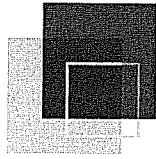
Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. These priority areas, ranked by the workshop participants, are listed below:

Top Priorities

1. Crisis Triage Center
2. Limited medication at release from incarceration
3. Lack of detox beds
4. Develop a Diversion Program Intercept 1
5. Lack of medication resource in jail

Additional Priorities

- Lack of resources for those not eligible for PACE
- Entitlement processing prior to re-entry to community
- Services needed for those coming off parole
- Increase access to appointments at mental health center for persons released from jail or prison
- Lack of affordable housing and employment options

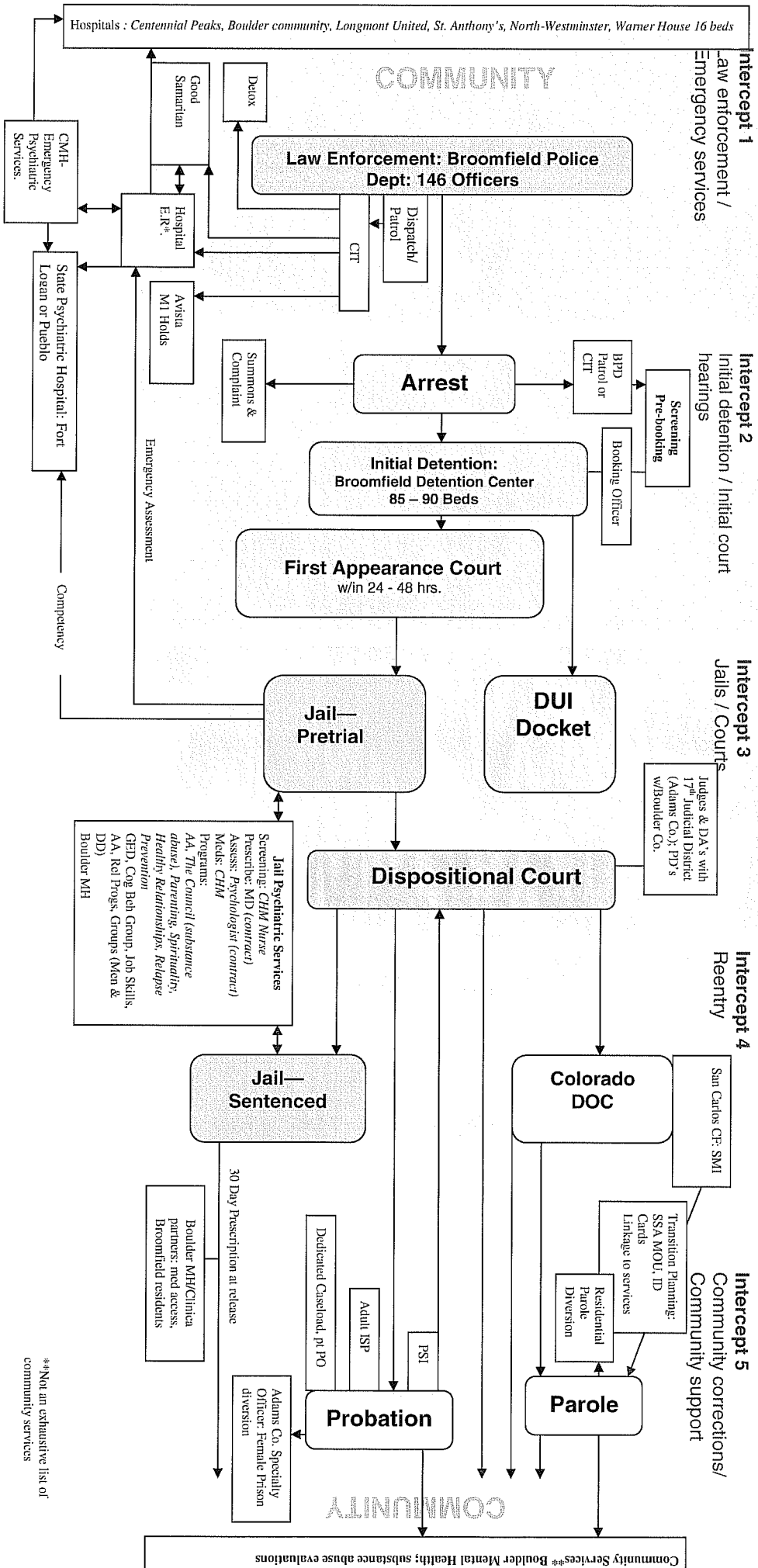


Policy Research Associates

ACTION: Cross-Systems Mapping

Broomfield County, Colorado

December 2007: Broomfield County, Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



**Not an exhaustive list of community services

Broomfield County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Broomfield County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Broomfield: Law Enforcement / Emergency Services

- Law Enforcement Services
 - The Broomfield Police Department (BPD) provides law enforcement services for both the City and County of Broomfield
 - 46 officers
- Police Crisis Intervention Teams
 - Broomfield Police Department officers receive the standard 40 hour CIT training
- Crisis Protocol
 - When a person is experiencing a mental illness crisis, a call might be placed to emergency services from a concerned family member, friend, or citizen
 - Dispatch will often notify a CIT officer to intervene
 - If an officer comes upon someone in crisis while on patrol, reporting officer will then call dispatcher, dispatcher notifies CIT officer
 - The reporting patrol officer will remain on the scene with the person until the CIT officer arrives
 - If a person experiencing acute psychiatric distress has made a suicide attempt or has harmed him/herself, an ambulance will likely transport the person to emergency room if medical needs exist
 - If medical needs do not exist, a BPD officer, most likely a CIT officer, will transport the individual
 - Per protocol, the person will then be handcuffed and placed into the back of the police cruiser
- Crisis Services
 - Emergency Psychiatric Services (EPS)
 - 24/7 service committed to providing mental health crisis intervention services to these counties
 - Boulder office has the "Mobile Team," however, Broomfield office does not
 - Has a staff that is highly flexible and committed to mobile outreach to consumers needing intervention in the community
 - The level of intervention provided within the community setting, such as to a residence, is very limited, but many assessments and interventions occur at hospital emergency rooms
 - within Emergency Department (ED) settings
 - EPS can also consult over the phone when requested and deemed appropriate
 - Emergency Psychiatric Services of MHC at emergency rooms
 - Provide assessment at hospital emergency room
 - Persons currently receiving services at MHC (open cases)
 - Persons with some form of insurance or other third party payment
 - For Broomfield County residents, hospital provides assessment unless "open case" to the MHC
 - Lack of follow-up care
 - A BPD CIT officer placing someone on a "M1" or involuntary hold will sign the "M1 Form" and then leave the person at the hospital to receive care
 - It is not uncommon for a two or three hour wait for services
 - Crisis may have abated in this time period
 - Persons are then released without linkage to other services
 - Frequently, the same individual will very soon once again be in crisis

- Inpatient Treatment
 - If persons are in need, they are transferred to a hospital with inpatient psychiatric beds
 - Including Longmont, Boulder
 - Warner House
 - 16 bed facility available on a limited basis to provide an inpatient care
 - State hospitals also used: Ft. Logan or Pueblo
 - Hospital emergency rooms or inpatient
 - Centennial Peaks
 - Avista (for M1 holds)
 - Good Samaritan (for M1 holds and substance abuse)
 - Boulder Community (has inpatient psychiatric beds)
 - Longmont United Hospital (has inpatient psychiatric beds)
- Alcohol and Other Substance Abuse
 - If detox is necessary, Good Samaritan Hospital in Lafayette or St. Anthony's North Hospital in Westminster
 - Good Samaritan its own assessment team, so MHC will just provide consultation in these cases if requested
- Community-based Mental Health Services
 - Mental Health Center serving Boulder and Broomfield and Boulder Counties is the primary provider of mental health services for Broomfield
 - A non-profit corporation providing mental health services to people of all ages
 - At the Broomfield office of the MHC
 - Nurse Case Manager is linked with a psychiatrist and case manager who can provide assistance to consumers
 - Housing case links to housing services
 - Workshop group expressed an interest in utilizing Peer Specialists to augment and enhance the available services
 - Social Services, CareNet and Clinica are other service providers in Broomfield County
 - Clinica can prioritize a person's primary care or medication needs if they have gone through treatment at CMH; can also continue medications
- **Intercept I: Identified Gaps**
 - Staff at the Broomfield Detention Center (BDC) and Broomfield Police Department (BPD) are not aware that Emergency Psychiatric Services (EPS) through the Mental Health Center is available for consultation
 - More collaboration is needed between the Broomfield Police CIT program and the mental health center Emergency Psychiatric Services
 - Currently, there is no follow-up with consumers after contact with CIT
 - There is no cross-system collaborative task force focused on individuals with mental illness involved with the criminal justice system, particularly those individuals who cycle in and out of jail or who are frequent users of emergency services
 - The MHC is not involved in Broomfield's CIT training
 - There are insufficient mobile crisis services to respond in the community (EPS responds primarily at hospital emergency rooms)
 - Much of the community's resources are used on persons who are facing involuntary or "M1" holds, and those who do not meet such criteria are not adequately served
 - EPS faces tough capacity issues
 - Workshop participation was limited, highlighting the need for cross-system collaboration (Hospital staff, district attorneys, public defenders, and consumers were not present.)

<ul style="list-style-type: none"> ▪ Gaps ▪ Opportunities

- There is no detoxification facility in Broomfield for intoxicated persons; services for individuals in need of medical clearance and detoxification services are at a significant distance
- Lack of linkage from hospital emergency to follow up services
- Data forms are not filled out by other officers, only by CIT officers having contact with persons in acute psychiatric distress, limiting accurate data on the number of contacts with persons with mental illness
- Lack of triage center
- No peer specialists used to engage difficult to engage individuals

■ **Intercept I: Identified Opportunities**

- There is opportunity for Broomfield Police Department CIT and the Mental Health Center EPS to work together in a more collaborative manner without need for additional funds or new services
- EPS provides emergency assessment/evaluations to the Broomfield Detention Center, thus illustrating the capability to work more closely with the BPD's CIT officers
- CIT officers fill out data forms that go to the State to track data on persons being served, the number of CIT contacts
- Community has an interest in employing peer specialists to better engage this population
- A Wellness Recovery Action Plan (WRAP) group is soon to begin through MHC
- An "M1" or involuntary hold status is not necessary to access emergency services; individuals can go on a voluntary transport by law enforcement or a Contract for Safety
- Metro Area triage centers are in the planning stages

Intercept II/Broomfield: Initial Detention / Initial Court Hearing

■ Arrest

- Upon arrest, all detainees are brought to the county jail

■ Jail

- The jail is known as the Broomfield County Detention Center
- Beds = 80
- Average daily population runs over capacity
- 16 of the 28 staff members are CIT trained and can intervene with a person in crisis

■ Summons and Complaint

- A person may be given a summons (asked to return to the court) and released
- This disposition is at the discretion of the arresting officers
- Others are transported to the detention center

■ Booking

- Booking involves -- person is placed in an intake room where they are searched and entered into the system
- Booking occurs in an intake area of the detention center
- Police patrol or CIT officer will have already gathered some medical and mental health information
- This information is passed to booking officer
- Booking officer gathers additional medical and mental health information
- Screening information is passed to the jail nurse

■ First Appearance -- Advisement

- Advisement occurs within 24, but no longer than 48 hours
- Exceptions -- weekends and holidays
- Charges are recorded and bond set

- There is no Pre-Trial Service program gathering information for the judge before advisement. Such programs can impact bond and can serve to divert individuals with mental illness to treatment.

☒ Diversion

- No diversion programs at this intercept

☒ **Intercept II: Identified Gaps**

- Judge is often not given information about medical, mental health and substance abuse issues which might make a difference in setting bond
- There is a strong need for a validated intake/assessment/screening instrument; this information can then be passed along to the judge
- There is not a nurse on duty 24/7 at the BDC
- There is no Pre-Trial Service program
- There is no jail diversion at this intercept
- There seems to be an under-identification and under-reporting of persons with mental health/co-occurring substance use disorders entering the detention center
- There is no boundary spanner
- As in Intercept 1, there is a need for improved communication between the behavioral health and criminal justice systems

☒ **Intercept II: Identified Opportunities**

- The judges are very willing to look at incarceration alternatives, such as setting lower bonds or diverting persons to some service at this intercept if additional information is gathered for the first appearance court
- A possible resource for beginning a pre-trial services program in Broomfield was identified (Ms. Julie Stransky)

Intercept III/Broomfield: Broomfield County Detention Center/Courts

☒ Screening and Classification at Jail

- No standardized screening instrument to identify mental illness is used when people enter the jail
- Jail nurse gathers information from booking officer to accommodate needs of anyone clearly identified as having a mental illness

☒ Jail Mental Health Services

- Emergency assessments
 - Done by Mental Health Center Emergency Psychiatric Services
 - Will go to the detention center to complete an evaluation
- Medications
 - Correctional Healthcare Management (CHM) provides medical and psychiatric care for persons incarcerated at the BDC
 - CHM employs a psychologist who assesses and makes a recommendation/referral to a general practitioner for medications
 - Psychologist receives about four referrals per week
 - Approximately a dozen people in the jail are on psychiatric medications; about 20 persons in the jail have serious mental illness

☒ Civil Commitment and Competency

- Competency evaluations can also be ordered for a person while they are on a pre-trial status and are detained at the BDC

☐ Courts

- The judicial system in the county falls under the 17th Judicial District (with Adams County)
- District Attorney's office is also with the 17th Judicial District in Adams County
- Public Defender's office is based in Boulder County
- The Probation department conducts Pre-sentence Investigations and reports, but primarily only on persons who have felony level offenses/charges
- There is a DUI docket, but no other specialty courts

☐ **Intercept III: Identified Gaps**

- The split between judicial districts poses challenges
- A number of individuals relevant to this intercept were not present and their input would be helpful: District Attorney's office, Public Defender's office, Federally Qualified Health Center (FQHC)
- Mental health and substance abuse service systems are segregated, posing challenges to treatment of co-occurring disorders (most common in persons with mental illness involved in the criminal justice system)
- The capacity of the mental health service system to provide integrated treatment services for co-occurring disorders was questioned; consumers find it difficult when they are referred to two separate agencies, one for mental health treatment and the other for substance abuse treatment
- More communication is needed between judges and mental health providers in Intercept 3
- Mental health funding problems have created bed space availability problems at Ft. Logan State Hospital; Broomfield and Boulder counties have to share these beds and Boulder County has a larger population
- Consumers with mental health problems are constantly circulating in and out of the corrections and judicial systems
- Currently, there are no Pre-Trial Services programs for persons with mental health or co-occurring disorders
- There are no diversion programs at this intercept
- Persons with mental illness and persons who are homeless tend to remain in jail longer than persons without a mental illness
- There is no current mechanism for judges to obtain immediate mental health or substance abuse evaluation, treatment, or consultation
- There is a question as to where a mental health evaluation ordered by a judge would occur
- Community Mental Health is facing resource issues, raising the question as to whether there is a capacity to provide services to individuals who might be identified as in need of treatment, or ordered to treatment by the court

☐ **Intercept III: Identified Opportunities**

- Pre-Trial Services currently supervises people out on bond, but no persons with mental health issues
- There is a program in Boulder County called "PACE" which can serve as a model
- Workshop participants expressed interest in exploring the possibility of jail diversion
- There is much willingness between the judges and mental health center to open the lines of communication between the judicial and mental health systems
- Sixteen of the 28 staff at the BDC are trained in CIT

Intercept IV/Broomfield: Re-Entry

☐ Re-entry Mental Health Services

- There is no formal re-entry program

☐ Jail In-reach

- “The Council” provides substance abuse, parenting, spirituality, healthy relationships, relapse prevention, informal discharge planning and other voluntary classes

☞ Medications

- Prescriptions are given to individuals with mental illness for 30 days of generic medications
- This can usually be filled at Wal-Mart for \$4 per prescription
- This does not insure that the person will be able to purchase the medication
- The medication of choice may not have an equivalent generic
- Nursing staff at the BDC usually don’t know when people are going to be released
 - 80% of persons leave the BDC on bond and it is very difficult for nursing staff to plan for prescriptions for these individuals

☞ Prison Re-entry

- Individuals with mental illness returning to their communities from prison do receive re-entry services
- Most are released from San Carlos with an intensive discharge plan
- Romanoff Legislation provides for application for benefits before release

☞ **Intercept IV: Identified Gaps**

- No work release for persons with mental illness – generally can’t meet the criteria
- People have difficulty accessing medications upon release
- Mental health clinics often have waiting lists, delaying access to services
- Most individuals need help getting benefits and identification (DMV charges \$15)
- There are not enough re-entry case managers to fill the need
- There are insufficient services for armed services veterans
- There is little affordable housing; there is only one homeless shelter in the county, and this program wants face to face interviews, so cannot plan ahead from jail
- There are no residential programs for treatment of co-occurring mental illness and substance use
- Mental illness can limit access to substance abuse treatment programs
- Department of Corrections does not always know county to which person will be discharged

☞ **Intercept IV: Identified Opportunities**

- There is currently effort in the state seeking to establish legislation so that Medicaid will only be suspended after 30 days of incarceration rather than terminated

Intercept V / Broomfield County: Community Corrections / Community Support

☞ Probation

- Probation department has a list of providers for substance abuse evaluations
- Probation Officers often act as case managers
- Assist with referrals to treatment and services
- Sometime makes appointments
- Monitor follow through
- Dedicated caseload
- One part-time Probation Officer through the 17th Judicial District
- Same individual serves as half-time for Intensive Supervision Probation Officer, Department of Corrections’ diversion program

☞ Parole

- Prison Diversion Program
 - For women

- Intensive supervision
- Half-time officer
- Persons on parole are referred to Boulder Mental Health through Central Screening
- Community Corrections
- Other Community Corrections programs were not discussed in the workshop
- **Intercept V: Identified Gaps**
 - Currently, there is only one full time adult probation officer in Broomfield County
 - Peer Specialist services do not exist
 - There is a strong need for consumer community supports to be put into place in Broomfield
 - There is a need for a centralized, comprehensive list of services that can be made available to consumers
- **Intercept V: Identified Opportunities**
 - Pastoral Counseling is available
 - There is a very strong linkage and relationship between Broomfield County's one adult probation officer and the mental health center
 - Referrals are often made from the probation officer to mental health

Broomfield County Priorities

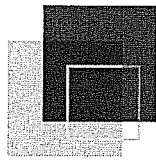
Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. These priority areas, ranked by the workshop participants, are listed below:

Top Priorities

1. Need for validated screening instruments and passing along of information to the judges/courts before the initial court appearance (12 votes)
2. Peer Specialists provide in-reach services to the jail (10 votes)
3. Open a Triage Center to serve as a potential "go between" from law enforcement to hospital Emergency Departments (10 votes)
4. Boundary spanner-centralized point of contact for all disciplines. (7 votes)
5. Need a system for people to receive detoxification services and then to get into treatment (7 votes)
6. Centralize services in order to decrease fragmented services and overlapping boundaries (7 votes)

Additional Priorities

- Cross-systems communication by a task force (3 votes)
- A dedicated mental health docket to hear cases of persons with mental health issues at the same time (3 votes)
- Navigate system (case management or peer services) (1)
- Club house for peer support, resume writing, etc. (0 votes)
- Pre-Trial Services (0 votes)

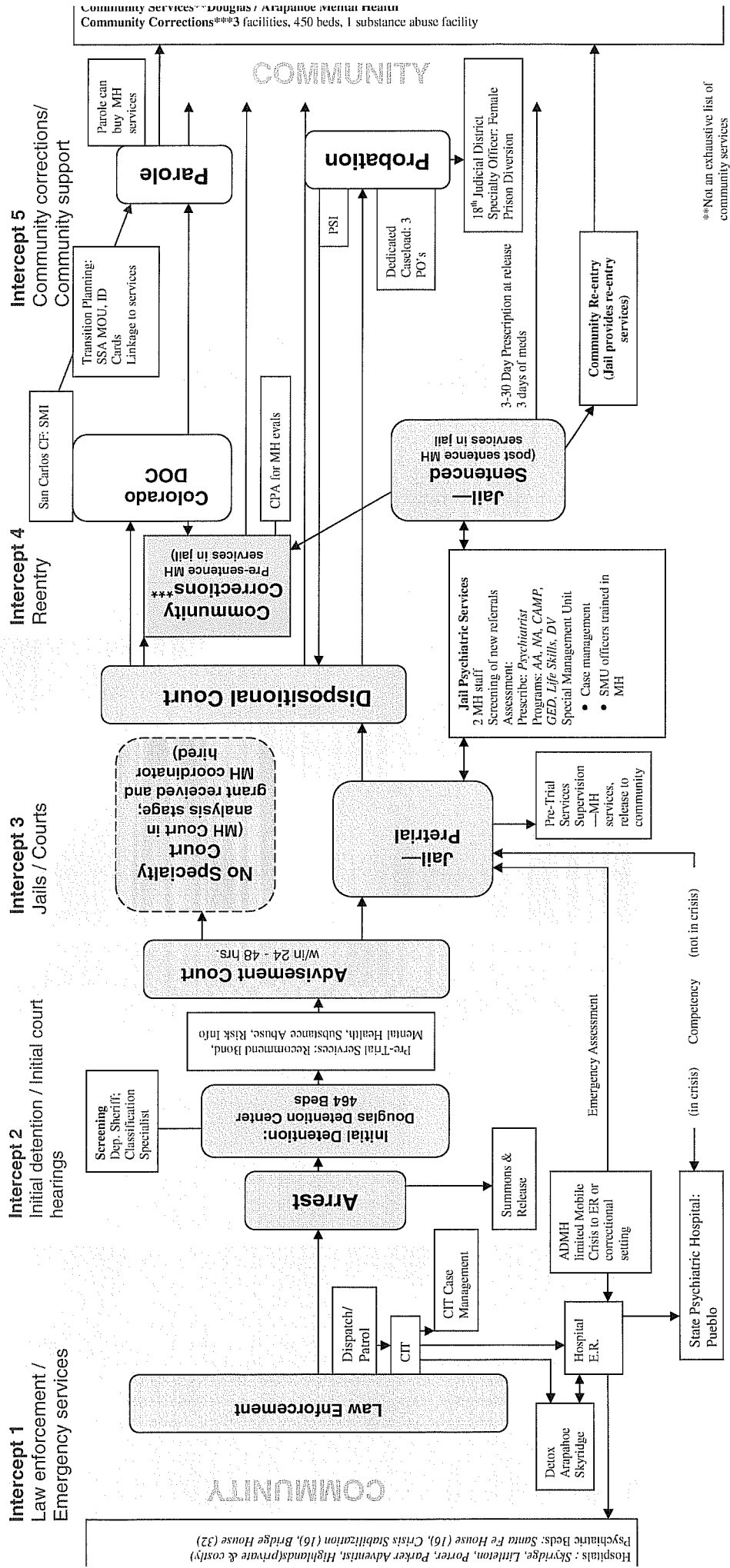


Policy Research Associates

ACTION: Cross-Systems Mapping

Douglas County, Colorado

December 2007: Douglas County, Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



Douglas County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Douglas County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Douglas: Law Enforcement / Emergency Services

Like other counties in the Denver Metropolitan Area, Douglas County has a good interface between its law enforcement and local mental health center, the Arapahoe/Douglas Mental Health Center. What is noteworthy in this relationship is their collaboration on CIT.

▣ Law Enforcement Services

Local law enforcement services in Douglas County include:

- Aurora Police Department
- Englewood Littleton Police Department
- Sheridan Police Department
- Columbine/Bow Mar Police Department
- Cherry Hill Police Department
- Greenwood Village Police Department
- Glendale Police Department
- Douglas County Sheriff Department

▣ Crisis Protocol

- When a person is experiencing a mental illness crisis, they are typically transported to a local hospital emergency room for evaluation
- Dispatch Service receives calls
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent

▣ Police Crisis Intervention Teams

- CIT Training
 - Approximately one third of the 300 law enforcement officers in jurisdiction have received formal Crisis Intervention Training (CIT)
- CIT Case Management
 - Douglas County has a CIT case management program with three CIT case managers
 - This helps to ensure that people are linked to services
 - Grant funded since 2003, administered by the Colorado Division of Criminal Justice
 - Operates from the Arapahoe/Douglas Mental Health Center
 - All CIT officers have the authority to make referrals to the CIT case management program
 - CIT officers collect specific data and screen the information to determine if a connection can be made to the case management team
 - Probation officers also have a good rapport with the CIT Case Management team
 - There is good collaboration among all the providers, so decisions can be made on whether the situation calls for arrest and jail or if the person can be diverted to treatment and support services

▣ Crisis Services

- Arapahoe/Douglas Mental Health Center Mobile Crisis Team responds to evaluate individuals at the emergency room, jail or at the police department

- Hospital Emergency Rooms

- Sky Ridge
- Parker Adventist
- Littleton Porter
- Highland
- Pueblo

- Outpatient Mental Health: Arapahoe/Douglas Mental Health

- Located in Parker and Castle Rock
- Limited resources for persons who are homeless or need indigent higher levels of care
- Lack of transportation hinders access to services

- Alcohol and Other Substance Abuse

- Detox services available at the Arapahoe Sky Ridge hospital
- Limited alcohol and substance abuse services in outpatient settings

- **Intercept I: Identified Gaps**

- Need for a triage center
- Distance factors and lack of transportation hinder access to services
- Access to forensic beds is a problem
- Need for inpatient treatment of co-occurring disorders
- No shelters for people who are homeless in the county

- Gaps
- Opportunities

- **Intercept 1: Identified Opportunities**

- The Denver Metro Area is currently seeking funding for three triage centers
- These triage centers will provide telephone consultation and utilize peer specialist on a full recovery team
- Triage center could offer short-term crisis stabilization, outreach and linkage to services

Intercept II/Douglas: Initial Detention / Initial Court Hearing

- Arrest

- Upon arrest, all detainees are brought to the county jail

- Douglas County Jail and Detention Center

- Beds = 464
- Average daily population 349
- There was a 245% daily increase in the average daily census between 1998 and 2008

- Booking

- Booking officer obtains information from arresting officer
- Screening includes questions on health and mental health and further assessment is available
- No standardized screening instrument for mental illness is used at booking
- If individuals with mental illness come in with their own prescriptions, these can be continued; however, prescriptions are limited to the medical formulary
- If a person is in need of hospitalization for stabilization of acute psychiatric symptoms, this is arranged as soon as possible

- Pre-trial Services and Advisement (First Appearance)

- The first appearance court is the County Court
- Bond commissioners oversee release in Intercept II

- Generally, in each of the Denver Area Metro Counties, a pre-trial service gathers social and criminal history for a report to the Advisement judge
- Pre-trial services can make referrals directly to Community Corrections
- This involves stipulated conditions made in court to the Judge with a referral to community corrections
- It can also include mental health screening to complete the diversion
- This process can allow some people to be supervised in the community

- ▣ Diversion
- No diversion at this intercept

- ▣ **Intercept II: Identified Gaps**
- There is no pre-trial diversion of persons with mental illness
- The Detention Center reports a need for more mental health staff time to more fully address the needs of people with mental illness

- ▣ **Intercept II: Identified Opportunities**
- There is a screening process in place
- If individuals with mental illness come in with their own prescriptions, these can be continued; however, prescriptions are limited to the medical formulary

Intercept III/Douglas: Douglas County Detention Center/Courts

- ▣ Screening and Classification at Jail
- Jail nurse and mental health staff do additional screening after booking
- After booking, individuals held in jail will be seen by a classification specialist
 - Classification and housing plan includes an assessment of behavior, criminal history, and a clinical assessment
 - This process allows for people with special needs, such as mental illness, to be placed in a special management unit
 - Special management unit is staffed by officers trained in CIT

- ▣ Other Jail Mental Health Services
- 24/7 medical staff also provide services
- Psychologist (contract positions)
 - Jail psychologist conducts evaluations (mental illness and substance abuse) and case reviews
 - Provides training about mental illness to corrections officers and other jail staff
 - Provides reports to the District Attorney, the court and the defense attorneys
 - Conditions can be added for bond release
- Provide behavior management and drug and alcohol programs
 - Parenting and domestic violence classes
 - Alcoholics Anonymous meetings
- Medication
 - Detention Center in-house prescribing capacity is only 4 hours per week and on call capacity with nurse support
- Detention Center reports that it needs more mental health staff time to more fully address the needs of people with mental illness
- Re-entry
 - At this point, Douglas Detention Center re-entry planners may get involved

- ▣ Courts

- Pre-trial Services oversees release in Intercept III
- There is no formal diversion opportunity at this intercept
- There is interest from the District Court Judge in developing a mental health court
- There is also a request for training for the Judges and the District Attorneys
- There is informal diversion that occurs in court when the Judge reviews the evaluation materials from pre-trial services or from the jail psychologist
- There is interest in expanding this part of the diversion process

- **Intercept III: Identified Gaps**
 - There is insufficient capacity to provide timely and appropriate medications
 - Insufficient jail mental health staff time to meet the need
 - Judicial officers and district attorneys do not have training about mental illness
 - No formal diversion mechanism at Intercept 2

- **Intercept III: Identified Opportunities**
 - The District Court Judge is interested in developing mental health court
 - There is some “informal” diversion based on information provided by the jail psychologist to the court
 - Psychologist currently trains jail staff about mental illness; perhaps this could be extended beyond the jail

Intercept IV/Douglas: Re-Entry

- **Re-entry Mental Health Services**
 - The Detention Center is operating a new re-entry service since October 2007
 - Offered through the Arapahoe/Douglas Community Mental Health Network

- **Medications**
 - 3 day prescription offered upon release
 - People who do not have health insurance benefits will be unable to fill these prescriptions

- **Prison Re-entry**
 - Individuals with mental illness returning to their communities from prison do receive re-entry services
 - Most are released from San Carlos with an intensive discharge plan and linkage to mental health and other services
 - Services include substance abuse assessments, identification cards
 - Romanoff Legislation provides for application for benefits before release
 - Most people leave prison with a prescription, but some do leave with a supply of medication
 - Community Corrections
 - Receives referrals from state Department of Corrections and parole
 - Offers mental health services through providers under contract with Correctional Psychologists Association (CPA)
 - Offers substance abuse treatment as well

- **Intercept IV: Identified Gaps**
 - People have difficulty accessing medications upon release
 - Treatment information does not always follow the individual to the next provider
 - Benefits need to be secured upon release

■ **Intercept IV: Identified Opportunities**

- This is a new re-entry program

Intercept V / Douglas: Community Corrections / Community Support

▣ Probation

- Probation is privately run
- Services -- resources and funds are available for services
- Dedicated case loads -- staff to work with people with mental illness
 - Three probation officers have dedicated case loads
 - Case loads of 55
 - Services delivered under a case management model rather than a supervision model
 - All participants receive treatment
 - Referred from general supervision
 - Work closely with CIT case management team
 - Work with families and refer to NAMI

▣ Community Corrections

- Community Corrections is a sentence with both residential and non-residential phases
- Four facilities with a total of 450 beds
- This service is not always available to individuals with mental illness because they are considered high risk and expensive to serve
- There are typically many more referrals for this service than there are beds

▣ Parole

- No dedicated case loads, but there is talk about the need for this
- They have noted that they have a 50% recidivism rate
- While mental health treatment sessions are funded, medication is not
- Lack of psychotropic medication for persons on parole is a big problem
- Coding system for noting people's needs on a scale of 1-5, emphasis is on those with needs in the 4-5 range

▣ Other Services

- Half way house programs and other residential services are available, but limited
- Department of Corrections has half way houses in Arapahoe
- Circle Program, 90 day dual diagnosis program with 20 beds, has long waiting lists
- It is clear that another program is needed in the area
- In addition there is an offender fund that offers services

■ **Intercept V: Identified Gaps**

- Probation has limited access to community beds for referral
- More probation officers for dedicated case loads are needed
- Medication access for persons on parole is an issue
- There is a need for more affordable housing for persons leaving jail and prison
- There are no assertive community treatment teams (ACT)
- Case management is needed for people returning from prison

■ **Intercept V: Identified Opportunities**

- Probation has resources that might be paired with community providers

Douglas County Priorities

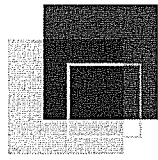
Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. These priority areas, ranked by the workshop participants, are listed below:

Top Priorities

1. Crisis Triage Center (9 votes)
2. Funding for more mental health services in jail (9 votes)
3. Develop court diversion or mental health court (5 votes)
4. Provide entitlements at release
5. Triage center for emergency services (7 votes)

Additional Priorities

- Transportation money for mental health
- Inpatient beds for treatment of co-occurring disorders
- Resolve limitation on medications at jail entry
- Train Judges and District Attorney
- Establish a family liaison as a resource
- Develop offense specific programs
- Bridge the information gap
- Create linkages across counties
- Establish forensic ACT team or forensic intensive case management team

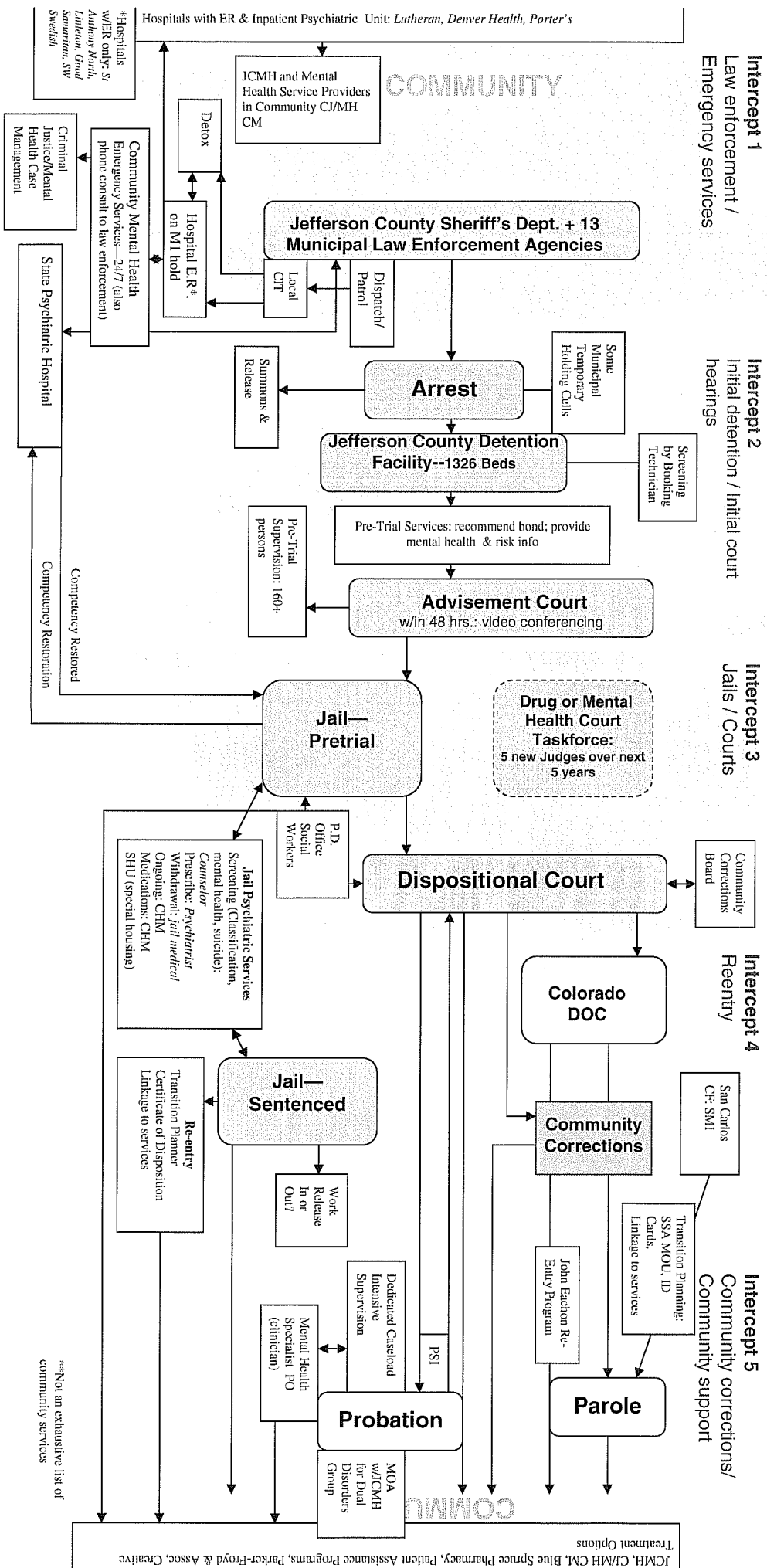


Policy Research Associates

ACTION: Cross-Systems Mapping

Jefferson County, Colorado

December 2007: Jefferson Co., Colorado--Sequential Intercepts for Change: Criminal Justice - Behavioral Health



**Not an exhaustive list of community services

Jefferson County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Jefferson County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I / Jefferson: Law Enforcement / Emergency Services

■ Law Enforcement Services

Local law enforcement services in Jefferson County include:

- Jefferson County Sheriff's Department
- Municipal police departments
 - Arvada
 - Edgewater
 - Golden
 - Lakewood
 - Lakeside
 - Morrison
 - Red Rocks Community College
 - Westminster
 - Wheat Ridge
 - Bowmar
 - Mountain View
 - Littleton
 - Superior

■ Crisis Protocol

- When a person is experiencing a mental illness crisis, a dispatch service notifies both Emergency Medical Services (EMS) and local law enforcement
- If EMS has reported to the scene, they will often-times transport a person by ambulance to the Emergency Room (ER)
- In other jurisdictions, if the person has received a medical clearance by EMS, the officer will usually transport the person to the emergency room
- Officers are usually able to leave the emergency room once they have transported the person to the hospital
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent
- The CIT officer will determine whether to initiate an M1 hold (involuntary mental health)
- Police officers determine which hospital to transport an individual by proximity and whether the hospital can utilize an M1 hold (72 hours)

■ Police Crisis Intervention Teams

- CIT Training
 - About half of the Jefferson County officers have undergone Crisis Intervention Team (CIT) training
 - Officers participate in the full 40 hour training

■ Crisis Services

- Community Mental Health has an "Emergency Psychiatric Services" (EPS) Team
- Services are provided to some individuals at emergency rooms; however, there is insufficient staff to provide community outreach

- EPS provides services to persons with Medicaid or individuals already in treatment at the mental health center (open cases)
- Phone consultation is also available to law enforcement through, but most officers and in particular, most CIT officers are not aware that this consultation service is available
- Hospitals with psychiatric units
 - Lutheran Hospital
 - Denver Health Hospital and
 - Porter's Hospital in Swedish Central
- Other hospitals utilized by law enforcement
 - St. Anthony's North Hospital in Westminster
 - Littleton Hospital
 - Good Samaritan Hospital in Broomfield
 - Southwest Swedish Hospital

☒ Alcohol and Other Substance Abuse

- If a person is intoxicated, the person is still taken to the ER on an "M1" hold
- If the person is medically cleared, the individual might be transported to a detoxification center
- At the time of clearance, EPS might be called in to provide an assessment
- A psychiatric facility will not accept an individual until the person has received medical clearance from a physician

☒ Linkage to Services

- Criminal Justice/Mental Health (CJ/MH) program
 - Grant funded
 - Provides case management to persons with a severe mental illness
 - Referrals for service can be made by CIT or other officers
- A direct referral is made to the mental health center if the person has Medicaid and is an "open case" at the MHC
- Sometimes persons are discharged to the Step Street Clinic, which can provide health care, psychiatric care, assistance with accessing entitlements, etc.
- Many individuals are simply discharged to a homeless shelter in Denver
- Most are not discharged from the hospital linked to community based services

☒ **Intercept I: Identified Gaps**

- There is no crisis team in Jefferson County that does community outreach
- Having officers out of service providing transportation to hospitals is a big problem for law enforcement
- Currently there is no follow-up with a person after a CIT contact
- There are no homeless shelters in Jefferson County
- The phone consultation service through Community Mental Health's (CMH) Emergency Services (ES) is under-utilized by CIT or other officers
- There is a lack of information or education for consumers to recognize CIT trained officers by their CIT pins
- Law enforcement expressed a need for prevention services for "high risk" individuals, to prevent involvement in the criminal justice system

<ul style="list-style-type: none"> ☒ Gaps ☒ Opportunities

☒ **Intercept I: Identified Opportunities**

- The Denver Metro Denver Crisis Triage Project
- Three triage centers are being planned to serve the seven counties of the Metro Denver Area
- 24/7 facilities
- Dedicated crisis phone lines for consumers in crisis in the community, as well as a phone line for law enforcement officers to seek consultation

- The current plan is to open these three facilities over a three year period of time

Intercept II/Jefferson: Initial Detention / Initial Court Hearing

Arrest

- If an individual is suspected for probable cause of a "person crime," they are most often times taken into custody and detained at the JCDF
- Upon arrest, all detainees are brought to the Jefferson County Detention Facility (JCDF)
- There are some temporary holding cells throughout Jefferson County, but these are seldom used

Jail

- Beds = 1326
- Average daily population 1300-1400
- Approximately 15% of the persons detained at the JCDF are estimated to have a mental illness
- Approximately 24,500 people per year are booked in to the JCDF
- Length of stay
 - A person can be held up to one year in the JCDF for one charge or conviction
 - A person with multiple charges or convictions can be incarcerated at the JCDF for over a year
 - Individuals on Pre-Trial status can also stay in jail for a very long time (i.e.-a year and a half for a homicide charge)
 - The person might have to wait a long time to have their case decided and then there is their actual sentence in addition to any credit for time they have already served

Summons and Release

- A person may be given a summons (asked to return to the court) and released
- This disposition is at the discretion of the arresting officers
 - It can only be utilized for nonviolent Class Four felonies or below
- Those who do receive a summons often miss court dates because many are homeless and have no permanent address with which they have regular contact
- Often the person will receive two or three "Failure to Appear" before a felony warrant for arrest is issued

Booking

- Booking involves -- person is placed in an intake room where they are searched and entered into the system
- Booking Technician will ask a set of questions
- Questions seek to determine if the person is a danger to self or others, especially if brought in by a CIT officer
- Suicide, mental health and medical screening is provided at classification
- No standardized screening instrument for mental illness is used at booking

First Appearance Court -- Advisement

- Advisement typically occurs within 48 hours
- Advisement only occurs if the person is appearing for a new charge
- If the person is brought into the JCDF on a warrant, their court date could be several days or weeks into the future
- If the individual is brought in to the JCDF on a probation or parole violation, their court date could be several weeks or months into the future
- The individual will go for Advisement in front of a two-way camera and microphones
- The judge will inform the individual of their legal rights at this time
- For those whose charges make it applicable, a restraining order will be put into effect
- At Advisement, the person will usually sit close to a Pre-Trial Supervision staff person and the District or Prosecuting Attorney
- Information will be given to the Judge to determine if the warrantless arrest was appropriate

- The person is not represented by a Public Defender at this point in the judicial process and often persons will not say anything to the Judge at the Advisement as a result
- From the time of booking, a person with financial resources can typically post bond and be released in a relatively short period of time

☐ Pre-trial Services and Advisement (First Appearance)

- Generally, in each of the Denver Area Metro Counties, a pre-trial service gathers social and criminal history for a report to the Advisement Judge
- A score or recommendation will be given to the Judge, with a higher score being more favorable and a lower score being less favorable
- A recommendation is offered about what type of bond (i.e.-own or personal recognizance, etc.) should be issued
- A bond schedule is available to Judges in Jefferson County, offering bond suggestions, guidelines, etc.
- Pre-trial Services is prepared to gather and deliver the information for Advisement in approximately 24 hours
- An announcement will be made by the Judge about the bond type, amount, restrictions, etc.
- Judges will be informed at Advisement if a person poses an elevated risk for suicide, if they have been uncooperative, combative, or might be experiencing other significant mental health problems
- Any of these issues will often be cause enough to delay the Advisement to the following day

☐ Diversion

- Currently no Intercept II diversion programs in place in Jefferson County

■ **Intercept II: Identified Gaps**

- There is a need for a validated screening instrument at the time of booking at the Jefferson County Detention Facility (JCDF), such as the Colorado Screening Instrument or the *Brief Jail Mental Health Screen* created by Policy Research Associates
- There was not able to send a representative to the meeting. However the issue was voiced that Pre-Trial Services would like to have more information to offer to the Judges about a person's mental health status
- Often times, the court only learns about an individual's mental health problems from the consumer him/herself, a family member present at court, etc.
- The Jefferson County Public Defenders Office is not present at the time of Advisement (when the bond type and amount are determined); the person is not represented at this time and as a result, often does not speak at the Advisement due to this lack of representation
- There is no a diversion program available at this Intercept
- Often times the transporting officer to the JCDF is not the arresting officer, so a great deal of information is lost and never passed along to the booking officer at the JCDF intake area
- Persons with a severe mental illness or co-occurring substance use disorder are often times remaining in the JCDF for up to five times longer than others held on the same types of charges

■ **Intercept II: Identified Opportunities**

- Pre-trial service provides a possible mechanism to introduce a post-booking jail diversion program, although current case loads of Pre-trial officers would make utilizing this group prohibitive

Intercept III/Jefferson: Jefferson County Detention Center/Courts

☐ Screening and Classification at Jail

- After Advisement, individuals held in jail will be seen by a classification specialist to determine where the person will be housed in the detention center

- Mental health screening is conducted at the point of classification

☞ Jail Mental Health Services

- Correctional Healthcare Management (CHM) provides health care and a psychiatrist to the jail
- All mental health services will go under the umbrella of the Jefferson County Sheriff's Office as of January 1, 2008
- Medications
 - If a person enters the JCDF on psychiatric medications, attempts are made to verify such with pharmacies, previous providers, etc. in the community
 - Referrals are then made to the jail psychiatrist who can start or continue medications
 - The medical contractor, Correctional Healthcare Management (CHM) pays for medications
 - Inmates are charged \$7 per month per medication, unless they are indigent
- Follow-up and follow-along care are also provided
- Crisis-stabilization
 - Initiation of transfers can be made to Ft. Logan or Pueblo State Psychiatric Hospitals at this time to stabilize those in mental health crisis
- Public Defender Office social workers
 - Referrals can be made to the social workers at the Public Defender's office primarily by mental health staff at the JCDF to work with persons with a serious mental illness
 - They will go into the jail, assess, work with the persons on treatment, community recommendations
 - These social workers can make sentencing recommendations to the judicial system, as well. This is a form of diversion, primarily for felony level offenders, and it seems to work very well with the judges who oversee the dispositional courts. Recommendations from the social workers are often followed by the Judges.
 - Serve approximately 125 people per year
- Special Housing Unit (SHU)
 - Persons who have a mental illness will be housed in SHU
 - Also those with medical problems, on suicide watch, or in protective custody status
 - Sometimes individuals who are on disciplinary segregation might be housed in the SHU, as well
 - SHU supervisor is trained to work with individuals with mental illness
 - SHU staff received much praise during the workshop, from providers and consumers alike

☞ Other Jail Programs

- Alcoholics Anonymous and Narcotics Anonymous self help groups
- Relapse prevention groups
- Anger management
- Cognitive therapy
- Domestic violence education
- Boot camp
- Work force employment workshops
- Life skills classes

☞ Civil Commitment and Competency

- A social worker at the Public Defender's office might be contacted if the issue of competency is raised
- A private evaluator is hired by the Pueblo State Psychiatric Hospital to evaluate and possibly transfer the person to the hospital

☞ Probation Pre-Sentence Investigation

- The Probation Department completes Pre-sentence Investigation (PSI) reports on approximately 55% of all adults, most of which are for felony cases
- Some PSIs are mandated on sex offenders or previously convicted sex offenders with new charges

- Structured interviews are completed by the Probation Officer
- Information may also be requested and collected from family members in order to complete the PSI
- A number of assessments are given, such as the Standardized State Screen, Risk Assessments, mental health screens, etc.
- At times, a mental health evaluation will be requested from a psychologist who then completes a standardized battery of tests with the person
- Probation Officers can request to have court dates pushed back to accommodate this screening process if necessary
- Recommendations are then made to the Judges for mental health, substance abuse, co-occurring disorder treatment
- Judges most often accept these recommendations as mandated conditions of probation

▣ Community Corrections Board (CCB) and the Courts

- The Community Corrections Board (CCB) is involved prior to sentencing
- They look at the estimated risk level a person poses to the community
- The CCB advocates for the community first and the identified offender second
- They also look at where a person might best receive mental health or substance abuse treatment services and who could best provide those services
- The CCB will determine whether Community Corrections can provide the needed treatment or if it is necessary to refer the individual elsewhere for treatment
- The Judge is not obligated to follow the recommendations of the Community Corrections Board

▣ Courts

- There is currently a task force to explore the possibility of developing a drug or mental health court
- There will be five new judges over the next five years

▣ **Intercept III: Identified Gaps**

- There is little in place for treatment of substance abuse or co-occurring disorders in the jail
- There is decreasing access to inpatient psychiatric beds, particularly at the commonly used State Psychiatric Hospitals in Ft. Logan and Pueblo
- There are diversion programs at this intercept

▣ **Intercept III: Identified Opportunities**

- There is an identified plan in place to hire five new judges over the next five years
- A taskforce has been established to explore starting either a Drug or Mental Health Court
- There is a good line of communication between social workers in the Public Defender's office and mental health staff working at the JCDF

Intercept IV/Jefferson: Re-Entry

▣ Re-entry Mental Health Services/Transition Planning: Sheriff's Office

- The Transition Planner (Kelly Russell) position was created in the summer of 2007
- An employee of the Jefferson County Sheriff's Office
- Kelly has already received over 100 referrals and has served four persons to this point
- Kelly works with individuals to link them to services after discharge from the JCDF
- Kelly refers with great frequency to Jefferson County Mental Health (JCMH) and to other services that are appropriate for the person

▣ Benefits

- If a person is incarcerated for an entire calendar month, their Supplemental Security Income (SSI) can be suspended (not terminated)

- Benefits are terminated after incarceration for a full year, requiring re-application
- The JCDF has a working agreement with the Social Security Administration (SSA) whereby it receives a \$400 benefit when it notifies the SSA of a person receiving benefits who just became incarcerated, or \$200 for notification after the person has been incarcerated for up to 90 days
- Medicaid may also be suspended
- Re-entry services should help individuals obtain or regain benefits
- This requires identification and a certificate of disposition of charges from the jail
- Work release
 - Issue as to whether the person's status is "incarcerated" or not
 - This impacts SSA and other benefits
 - If incarcerated, then benefits are likely terminated status, if not then SSA benefits and Medicaid can assist in paying for medications and treatment

☞ Medications

- Individuals with mental illness leave the JCDC with a three-day prescription, with an effort to link them to services at the mental health center
- Those discharged from Colorado Department of Corrections also receive prescriptions
- People who do not have health insurance benefits will be unable to fill these prescriptions

☞ Prison Re-entry

- Individual with mental illness returning to their communities from prison do receive re-entry services
- Most are released from San Carlos with an intensive discharge plan
- Most people leave prison with a prescription, but some do leave with a supply of medication
- Colorado DOC has staff to assist persons with obtaining identification cards, SSI/SSDI applications, etc., but often times it takes several applications to finally get approved
 - The SOAR training through Policy Research Associates, Inc. was discussed as a very favorable option to train these staff and to potentially drastically improve the first time approval rate of these applications
- Inmates discharging from the Colorado DOC can go to residential mental health treatment and some limited substance abuse treatment.
- John Eachon Re-entry Program (JERP) can also take person from the Colorado DOC—up to nine hours per week of individual and group interventions
 - There are 15 beds allocated for this treatment, but only eight individuals are currently in the JERP, so there is a need for additional referrals
 - JERP has existing partnerships with JCMH, the ICCS and other department/agencies
 - The goal is to initially assist the person stabilize, most often with the assistance of medications, and then to get the person back into the community, where they will have many basic community needs identified and met
 - Additionally, work on a part-time job search will begin with a slow reintegration back into the community
 - Intense work with a therapist and other staff will begin with the intention of a slow, safe step back into the community with an individualized and tailored treatment program
 - Substance abuse treatment is also available
 - It was an honor to learn about the JERP from a gentleman currently receiving services within this very impressive program

☞ **Intercept IV: Identified Gaps**

- If a person is on the work release program, medications are discontinued
- For persons released from JCDF, it is very difficult to link with the JCMH in timely manner for psychiatric appointment in order to have their medications continued; access to mainstream services is very difficult, at best
- An individual discharging from the JCDF has to request a certificate of disposition, it is not automatically offered at the time of release

- It is very difficult to know when a person is going to discharge from the JCDF in order to better plan for their release, get them their medication prescription, etc.
- Persons with serious mental illness may be released before any transition planning (difficult to know when person will be released)
- Discharge planning for non-county residents posing many problems
- Having multiple charges that cross over jurisdictions also presents challenges to discharge planning, particularly if the person leaves one detention facility to serve time at another detention facility
- Difficult to determine county of residence if person is homeless
- Lack of awareness regarding Criminal Justice/Mental Health and Transition Planning program
- John Eachon Re-entry Program (JERP) currently underutilized

■ **Intercept IV: Identified Opportunities**

- Judges can look at sentencing and have a person released prior to the full calendar month in order to avoid having SSI benefits suspended
- There are current efforts to establish a substance abuse treatment group in the JCDF
- Booking fees at the JCDF pay for the Transition Planner and CIT training
- There is a potential to use Forensic Peer Specialists to provide in-reach for jail discharge planning; the JCMH already employs 12 Peer Specialists and the Criminal Justice/Mental Health Program employs a Forensic Peer Specialist
- There are transition partners in place working on behalf of persons with a severe mental illness or co-occurring substance use disorder: jail mental health director, jail counselors, transition planner with the criminal justice mental health program at Jefferson Mental Health Center, and social workers at the Public Defender's office

Intercept V/Jefferson County: Community Corrections / Community Support

■ Probation

- Probation is through the State
 - There is much blending with the counties
 - December 2007, serving approximately 3,000 adults
- Mental health specialist
 - Probation employs a mental health professional as a dedicated Mental Health Specialist
 - Provides assessment, direct services to persons with mental illness and consultation to other probation officers
- Information about mental illness
 - No standardized mental health screening
 - Information about mental illness, trauma or substance abuse is usually gathered by interview for the pre-sentence investigation
 - Only about 50% of offenders will have a PSI completed
 - At screening, Mental Health Specialist is involved if person appears to have priority mental health need
- Dedicated case loads -- staff to work with people with mental illness
 - Work closely with the Mental Health Specialist
- Probation JCMH Partnership
 - An established partnership between probation and JCMH
 - Looking at starting dual diagnosis groups, as well as a process for starting up medication evaluations
 - Probation has a contract with the Blue Spruce Pharmacy, which is part of a JCMH clinic, to accept probation vouchers in order for persons on probation to have three days worth of medications filled. Probation Department will pay for the medications.

- County Commissioners have dedicated money for evaluation services with a psychologist who is to be billed through county services via court services
- These evaluations are to be completed by Parker-Froyd and Associates

- **Community Corrections**
 - Community Corrections is a sentence with both residential and non-residential phases
 - Intervention Community Corrections Services (ICCS)
 - 10 dedicated beds for diversion and 10 dedicated transition beds
 - Currently, funded under a Department of Corrections Justice grant

- **Prison Re-entry**
 - Colorado DOC agreement with Social Security Administration
 - Facilitate access to identification
 - Apply for benefits prior to release
 - Parolees can have mental health treatment paid for, but not substance abuse treatment at this time

- **Intercept V: Identified Gaps**
 - Jefferson County covers a large geographic area and is not well served by public transportation; this can impede access to treatment and support services (buses stop running at 6:30 p.m., making it difficult to keep a job and participate in treatment)
 - Services are fragmented and scattered at this time; there is a need for “one-stop” behavioral health services
 - Services available within the smaller jurisdictions in Jefferson County are very limited
 - There is a need for more evidence-based practices and evaluation of those services

- **Intercept V: Identified Opportunities**
 - The employment of a mental health professional at Probation is a clear opportunity to increase success of persons with mental illness on probation; this position is designated as a Mental Health Specialist (Lu’Ann Reeder)
 - Probation use of intermediate sanctions, instead of a complete revocation when a person commits a technical violation, is an excellent strategy to increase success of persons with mental illness on probation
 - Medicaid does have a new Substance Abuse Treatment benefit, which started within the last 18 months
 - JCMH Center has good staffing for treatment of mental illness and co-occurring substance use
 - At the state level, mental health and substance abuse offices have been combined
 - There is access to Offender Services dollars through Probation to assist persons on probation to pay for evaluations, sobriety monitoring, transportation, and other services
 - A percentage of the booking fee can be used for dedicated beds at the ICCS--perhaps up to as many as six beds per night; this could possibly lead to having beds available for people upon discharge, the ability to provide medication monitoring or other services; it could also serve as a conditional release or another housing option
 - JERP Program recently won an Eli Lilly award
 - Jefferson County Mental Health employs 12 peer specialists; Criminal Justice/Mental Health Program employs a forensic peer specialist

Jefferson County Priorities

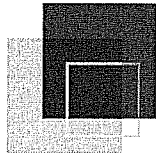
Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. A total of 13 distinct priority areas were identified. These priority areas, ranked by the workshop participants, are listed below:

Top Priorities

1. Ensure access to medications for persons released from the jail (24 votes)
2. Establish triage center(s) (20 votes)
3. Provide more housing and homeless services (18 votes)
4. Create diversion opportunities or programs at all intercepts (15 votes)
5. Create easier access to benefits—social security (6 votes)
6. Create a continuum of service across all intercepts (6 votes)

Additional Priorities

- Dedicated mental health and substance abuse specialty courts/dockets (4 votes)
- Implement use of a validated screening tool/standardized screening tools across intercepts (3 votes)
- Support/increase “collaborative” group—Forensic Case Manager, Public Defender Social Worker, Probation Mental Health Specialist and Transition Planner (3 votes)
- Continue support of the Forensic Case Management Program (2 votes)
- Increase resources for persons with co-occurring disorders (1 vote)
- Increase cross-system collaboration to best utilize resources (1 vote)
- Increase mental health services in jail (1 vote)
- Increase funding for community-based mental health services
- Resolve status of persons on work release, as this impacts benefits and access to services



Policy Research Associates

ACTION: Taking Action for Change

Analysis and Recommendations

Conclusions and Recommendations: Summary

Low Resource Solutions

- Improve continuity of care between the jail and Community Corrections (CC) providers

Across counties there was continuity of care gaps between the jail and Community Corrections providers.

Gaps included:

- Lack of notice by CC to the jail when a person was to be released to CC
- Lack of written clinical information upon transfer
- Insufficient supply of medication and scripts

Participants felt that these concerns could be address locally

- Develop family resource guidebook

NAMI currently has funding to develop a resource guide for families of persons who are justice involved.

- Improve Police-Veterans Administration Coordination

In Adams County, the local police and the Veteran's Administration (VA) discussed building greater collaboration to serve veterans. The Police-VA coordination may also be an issue in other counties. The VA was not represented in most counties. Reaching out to the VA to improve services to justice involved veterans could result in high yield gain with low effort.

- Develop data base for Police CIT teams

Several counties discussed developing a process to identify people who had had previous involvement with CIT, to obtain more background prior to calls e.g. where a person is treated. In some Florida communities, consumers consent to providing Police CIT with clinical contact information and to assist police with disposition.

In Nebraska, Police CIT teams are trained to ask if consumers have a WRAP plan which provides consumer preferences for management in a crisis situation.

- Develop behavioral management plans and coordinate agency strategy for persons who repeatedly utilize crisis services.

Participants from multiple counties discussed holding regular meetings to discuss consumers who repeatedly utilize crisis services. Coordinated agency response is likely to improve outcomes and reduce use of crisis services to access treatment.

- Open Lines of Communication to Judges/Courts

Judges attending the workshop were interested in more frequent and formal input from mental health providers regarding mental health history and services available for a diversion plan. Increasing flow of information to the courts and improving access to services in Intercept 2 and 3 could result in increased diversion opportunities.

- Proof of identity is critical for persons released from jail to be able to apply for benefits.

Participants in the workshop agreed that obtaining proof of identity was crucial but there were several barriers. Some counties were able to develop strategies to provide proof of identity while others were not. Resolving this issue through the MACC could be an excellent way to maximize resources across counties. Quarterly regional meetings focused on criminal justice issue could provide a problem solving forum for MACC counties.

Cross-County Issues for the MACC

Each county identified areas that were perceived as regional issues, issues beyond the capacity of an individual county to resolve, or issues that must be taken to the State or Federal level.

- Housing

While affordable housing is problematic in all communities, it is particularly problematic for persons with a criminal history. Federal housing programs, such as Section 8, are not available to offenders. Without housing, individuals with mental illness cannot have a firm foundation on which to build recovery. Lack of housing is perceived as a major contributing factor to cycling in and out of jail for persons with mental illness

- Funding for Crisis Triage Centers

All counties were enthusiastic about establishing crisis triage centers. In the priority list, establishing crisis triage centers was listed as 1 or 2. . A significant effort to fund three crisis triage centers in the Denver Metro Area has been launched. These efforts should be supported by the counties

- Funding for indigent services

There appeared to be high quality community services. Participants often praised the quality of services. However, service is severely restricted by ability to pay which is partly due to difficulty with Medicaid enrollment but also due to under funding of community mental health services. While cross-system collaboration and development of diversion opportunities is essential, these efforts will be fruitless without community-based services. Each county noted that community mental health dollars for indigent persons are already stretched to the limit. Decreasing criminal justice costs must go hand in hand with increasing treatment dollars. Ultimately, the person who is successful in recovery moves from being a tax burden to a tax payer. Long term solutions generally result in savings for each community.

- Resources for Long Term Care users, who require increased levels of care

Police CIT teams reported that there has been an increase in crisis calls to Long Term Care facilities e.g. Cottonwood. There are few options for alternate placements or residences for persons who are disruptive.

- Develop a good neighbor policy

Even the best community-based, jail-based services and re-entry services met with the obstacle of whether or not an individual was a county resident. The phrase "good neighbors" suggests the possibility of some type of reciprocal process or linkage and sharing of information from any given jail to the appropriate county's community or re-entry services. At the wrap up meeting, the Denver work

group developed a "good neighbor" matrix which identified areas of county overlap across intercepts (Appendix K)

The need for better planning, coordination, resource sharing and information is sharing is most apparent with persons who are homeless. There are virtually no homeless shelters in the Metro Area outside of Denver. If a person is homeless, he or she needs to be able to access services close to natural supports. This also places a burden on Denver area services. Contributing to already lengthy waiting lists for services, results in even greater barriers for accessing treatment.

- Lack of inpatient psychiatric beds.

While crisis triage centers are considered a priority by all counties, some counties faced severe limitation in access to inpatient beds.

As a result, police officers would have to take consumers to multiple hospitals or consumers would have to wait for days in local emergency room until an inpatient bed became available.

- Clarification of access to Medicaid for work release inmates.

Corrections staff wanted assistance from the MACC in getting a determination whether work release inmates are eligible for Medicaid. Medicaid eligibility could increase access to work release for inmates using psychotropic medication and facilitate access to services upon release to the community.

Report Recommendations

1. Explore diverse funding options.

Many areas of Colorado's mental health system are under funded leaving major gaps in servicing indigent persons. These gaps hit justice involved consumers hard, because as a group they are more likely to be homeless and more likely not to be engaged in services or receiving Medicaid. Strategies used in other states and opportunities in Colorado include:

- California and Florida have developed a state funded jail diversion grant program. The grants fund counties for jail diversion planning activities or to implement a jail diversion program
- Washington has authorized counties to levy a .1% sales tax to fund crisis stabilization centers and other criminal justice/mental health programs
- Grant funds have stimulated planning and implementation of jail diversion and reentry programs in many states and communities. The Bureau of Justice Assistance has funded the Mental Health and Criminal Justice Collaboration Program since 2004. The Substance Abuse and Mental Health Services Administration has funded the Target Capacity Expansion Grant Program since 2002. Other examples of Technical Assistance and grant funds include the National Governor's Association Reentry Policy Academy (www.nga.org), the National Association of Counties (www.naco.org) Jail Diversion Grant Program and several foundations fund mental health criminal justice initiatives.
- Counties in Colorado have funded programs by increasing offender booking fees.
- Probation and Parole service dollars may be leveraged.
- During the course of the workshops, the partnerships established by parole and probation with community providers, was impressive. Both parole and probation had service dollars to purchase an array of services including assessment and transition services. Discussion suggested these service dollars in conjunction with other funding could be used develop more formal programs for persons under parole and probation supervision.

2. Explore formalizing County Task Force activity and expanding the stakeholder group.

Most counties had on-going and productive stakeholders groups which met regularly and which led to implementation of several fine programs. The efforts of these groups may be maximized if there was more formal involvement with the MACC and there was ongoing information exchange and sharing of resources among the MACC counties. This is also an opportunity to review stakeholder involvement and expand the scope of the county task forces to address issues raised during the workshops.

3. Continue with planning and development of crisis triage centers

Across the counties, development of crisis triage centers was seen as the top priority. The counties already had strong Police CIT programs in place but several police departments expressed the need for more reliable and responsive drop off services. Jails also expressed frustration that often consumers would be sent to jail because of a lack of capacity of current emergency room providers to manage more disruptive consumers.

4. Explore creating more diversion opportunities at Intercepts 2 and 3.

Across counties there were few formal diversion programs or activities for persons with mental illness. At the January 8, 2008 wrap up meeting, two Intercept 2 diversion programs were presented: the Lancaster County Nebraska Jail Diversion Program and the EXIT Program in New York City. Both programs serviced consumers with low level misdemeanors and low level court sanctions. Both programs were committed to recovery principles and a belief that services that were recovery focused and addressed immediate consumer needs were sufficient to engage persons in treatment. Key to engagement was the presence of forensic peer specialists on staff. Workshop participants seemed open to exploring intercept 2/3 diversion.

Bond commissioners and pre-trial services have impressive diversion services already in place. Linkage between the bond commissioners and/or pre-trial services to mental health case management and community services hold promise as a diversion strategy in intercepts 2 and 3. Judges present during the workshop also expressed the view that if more was known about consumer mental health needs and about what services were available, more diversion dispositions would be possible.

5. Create capacity for more consumer involvement in county task forces and the MACC. Create a Forensic Peer Specialist Workforce.

Since the workshop, there have been two requests to show the "Legacy of the Harp" film at upcoming stakeholder meetings. The "Legacy of the Harp" is a documentary film which describes the work of the Howie the Harp Peer Advocacy Peer Specialist Training Program in New York City. The film demonstrates that justice involved consumers with appropriate support and training can recover and participate meaningfully in assisting in the recovery of others. Interest in the film on the part of Colorado stakeholders is encouraging. However, development of a network of justice involved consumers, takes planned action on the part to communities. The counties have developed a number of excellent mental health/probation programs (eg. CESE, PACE) and have graduated a number of forensic consumers. Policy Research Associates has developed a Consumer Integration Training Program to assist communities in identifying consumers, training consumers and providing consumers with support to sustain participation in working with stakeholder groups, maintaining employment as forensic peer specialists and enabling system change to facilitate consumer involvement.

6. Expand Re-Entry Initiative Services through formation of an intercounty task force or subcommittee of the MACC.

Most communities had some level of reentry services in place. Still there remained significant gaps especially for indigent persons.

Gaps included:

- Inability to obtain timely post release appointments
- Insufficient and inconsistent procedures regarding medication upon release.
- Inconsistent sharing of information between jail providers and community mental health providers
- Lack of Medicaid coverage upon release
- Inadequate jail staffing to provide reentry services

The intercounty work group would develop MACC wide recommendations and protocols regarding reentry procedures that would address the identified gaps.

7. Streamline Medicaid Eligibility Process and include local Social Service Departments in county task forces

Across workshops there appeared to be a gap in procedures that would expedite applying for Medicaid prior to or post release. In addition, county social service departments were not present in all workshops. Improving access to Medicaid can take place on both the county level and state level. Certainly, legislation like the pending legislation to suspend rather than terminate Medicaid for persons incarcerated is a state level activity but there also are strategies that can be employed at the county level to streamline application and determination procedures.

8. Explore a medication assistance program.

Generally medication upon release practices consisted of providing a prescription for 3 days medication. In some instances a 3 day supply of medication would also be supplied. On occasion some counties would provide up to a 30 day prescription. However, most consumers did not have Medicaid and no means to pay for prescriptions. In addition, it was difficult to obtain psychiatric appointments even within the 30 day time period so that new prescriptions could be written. Across the country, there are gaps between release from jail and prison and beginning Medicaid coverage. States and communities have begun to either improve efficiencies in the Medicaid approval process or fund transition medication assistance programs. Texas through the Texas Correctional Office of Medical and Mental Impairments, New York through the Medication Grant Program and Alaska, through the APIC legislation have developed programs to fund medications and services to receive medication until Medicaid eligibility is determined.

9. Continue efforts of the Social Security Administration to provide training and improve efficiency in the Social Security application process.

Social Security Administration is a willing partner as demonstrated by representation at the workshop. To improve access to Social Security however, jail mental health staffing issues may need to be addressed to handle the increased work load. Alternately, increased access to transition case management staff or other designated staff that can quickly engage with consumers is key if a Social Security initiative will work at the county level.

On the state level, efforts should clearly continue and expand at the San Carlos CF. where persons with serious mental illness are incarcerated.

10. Identify and use a standardized screening instruments such as instruments in use in Kentucky, Colorado and created by the GAINS Center

All counties had jail mental health screening place. However, most counties did not use standardized instruments. We suggest operationalizing the use of a standardized instrument across the intercept. Standardized screening would improve identification, improve data collection, improve communication across mental health and criminal justice agencies and could be used in multiple settings to aid in identifying diversion participants (eg. courts, pre-trial)

11. Organize data collection efforts.

In order to get a clearer understanding of county and regional needs, systematic collection of data across the intercepts will inform planning. For example, how many persons are released from jail and require continued medications? How many people are potentially eligible for diversion at Intercept 2?

12. Immediately begin work on Quick Fixes to create "Early Quick Victories" and Generate Momentum.

During the workshop several issues were identified that could be addressed at the local level and required little funding (eg. in Adams County, the Police CIT and the Veterans Administration Hospital agreed to meet to improve response and expand resources for veterans who encounter Police CIT officers).

In addition, counties can convene and begin to work on developing an ACTION plan for the priorities identified during the workshop. PRA is available to assist counties with the ACTION planning task.

Some General Recommendations

Policy Research Associates, Inc. recommends that time and effort be invested to ensure that each county has a task force or committee is organized in a fashion that promotes its effectiveness. This includes:

- Ensure that each task force or committee is truly a cross-systems environment, bringing together representatives from all involved systems (e.g., mental health, substance abuse, jails, courts, police, social services, consumers, family members, advocates), to promote ongoing cross-systems dialogue and a collaborative environment in which to pursue systems change
- Include representatives from local and state government as active participants on the committee
- Promote ongoing involvement in the task force from the courts, District Attorney, Public Defender, Pretrial Services, Police Department, local correctional facilities, and community corrections
- Create effective working relationships with other groups; including the Veterans Administration, the homelessness service providers, faith based organizations, community mental health and substance abuse providers, 12 step programs, the Social Security Administration, and others

It will be essential for the task force or committee to be designated as a priority within the work of each county. Once established as a priority, it must also receive adequate staffing and support to be effective as a locus of boundary spanning and systems change activities. In addition, local relationships among the leadership of relevant systems should be cultivated in order to ensure the active and ongoing participation of essential stakeholders, especially from law enforcement, prosecutors, consumers, and family members.

Evidence-Based and Promising Practices

Specific treatment, service or criminal justice practices were not examined during the course of the Cross-Systems Mapping exercise. At some point, each county may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below.

Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
 - Appendix H includes a short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings
 - In addition, Appendix J includes a brief description of the SPECTRM program, “Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness.” This program uses a cultural competence model to help service providers better understand the “help seeking needs of the population they serve and deliver services tailored to their unique needs.”
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage of individuals to appropriate services in the community
 - The APIC model and the transitional planning checklist, provides criminal justice, behavioral staff, and others with a concrete model to consider for implementing transitional planning across all intercepts. Please see Appendix A for a copy of the publication, *A Best Practice Approach to Community Re-Entry for Inmates with Co-Occurring Disorders: The APIC Model*.
- Aftercare medications
- Information sharing across criminal justice and treatment settings
 - Please see Appendix B for a copy of John Petrila’s tele-net conference PowerPoint slides and an example of information sharing MOU

Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
 - The jail mental health treatment staff are planning a Therapeutic Unit to offer illness self management and recovery services. Appendix C includes a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers.
 - Appendix D has a similar fact sheet focused on integrated treatment.
- Services that are gender sensitive and trauma informed
- Treatment of trauma-related disorders for both men and women
- Assertive Community Treatment and intensive forensic case management programs
 - Appendix E contains a fact sheet on ACT for forensic populations.

Service

- Utilization of a systemized approach to accessing benefits for individuals who qualify for SSI and SSDI, including individuals who are homeless and those recently released from jail or prison building on the current SOAR efforts. For more information, please see Appendix F.
- Employing consumers in delivery of in-reach, case management and training services
- The use of natural community supports, including families, to expand service capacity to this vulnerable population.
- Supported employment programs and programs that assist individuals in accessing mainstream employment opportunities. Please see Appendix K for more information.
- Safe housing for persons with mental illness involved with the criminal justice system. Please see Appendix G for more information.

***ACTION:* Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System**

Program Resources

Web Sites Sponsored by PRA	
Policy Research Associates	www.prainc.com
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov

Additional Web Sites	
Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
Justice Center	www.justicecenter.csg.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov