



Colorado's Community Collaboration to Create Crisis Services for Justice- Involved Persons with Mental Illness

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National Problems

- Lack of services for individuals experiencing a mental health crisis while incarcerated
- Suicide the number one cause of death in jails¹
- 64 percent of local jail inmates were found to have a mental health problem²
- The number of individuals with serious mental illness in prisons and jails now exceeds the number in state psychiatric hospitals tenfold³

¹ Bureau of Justice Statistics. (2012). *Mortality in Local Jails and State Prisons, 2000-2010 - Statistical Tables*. NCJ Publication #239911

² Bureau of Justice Statistics. (2006). *Mental Health Problems of Prison and Jail Inmates*. NCJ Publication #213600

³ Treatment Advocacy Center and National Sheriffs Association. (2014). *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*.

National Recommendations

Among other recommendations, an April 2014 Treatment Advocacy Center and National Sheriff Association report⁴ recommends:

- “Reform jail and prison treatment laws so inmates with mental illness can receive appropriate and necessary treatment just as inmates with medical conditions receive appropriate and necessary medical treatment.”
- “Establish careful intake screening to identify medication needs, suicide danger, and other risks associated with mental illness.”
- “Provide appropriate mental illness treatment for inmates with serious psychiatric illness.”

⁴ Treatment Advocacy Center and National Sheriffs Association. (2014). *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*.

Colorado's Forensic System

- Evaluation of competency to stand trial
 - Is the defendant able to understand what he/she is charged with, and whether he/she can work with the defense attorney to communicate about the case and assist with the defense?
- Incompetent to Proceed (ITP)
- Not Guilty by Reason of Insanity

Colorado's Forensic System

- One inpatient psychiatric hospital for individuals with a criminal commitment – Colorado Mental Health Institute at Pueblo (CMHIP)
- Pueblo is 100 miles south of the Denver metropolitan area
- Competency evaluations either performed at county jail or at CMHIP
- All restoration services at CMHIP

Colorado Problems: Growing Demand

- In 2011 inmates waited 70 to 80 days in jail (on average) for admission to CMHIP for either evaluation or restoration
- Court orders for inpatient evaluations increased by 336 percent from FY 04-05 (102) to FY 12-13 (445).
- Court Orders for inpatient restoration increased by 101 percent from FY 04-05 (135) to FY 12-13 (271).

Colorado Problems: Lawsuit

2010 lawsuit about wait times filed by PAMI agency

Settlement Agreement requirements:

- Admit to CMHIP within 28 days of the court determining the need for an evaluation or restorative treatment.
- Maintain a monthly average of days waiting of no more than 24 days for all patients admitted to CMHIP for evaluation or treatment.
- Competency evaluations performed in county jails must be completed within 30 days.

Problems – Capacity and Location

- Only one provider – Colorado Mental Health Institute at Pueblo
- County jail transport time and cost – CMHIP 200 miles round trip from Denver
- No continuum of care for restoration of individuals with criminal charges
- Jails allowed to administer involuntary medications, but choose not to do so

Colorado's Forensic System

- Colorado is one of several states that allows commitment of individuals found incompetent to proceed to a psychiatric hospital without any additional finding (i.e., no need that the defendant meet other commitment criteria).
- Unlike many states, court has complete authority to determine location of evaluation or restoration of those found ITP

Options:

- Open more state hospital beds to meet demand for individuals in crisis
- Fund statewide crisis services, including hotline, stabilization, respite and mobile
- Examine alternatives to inpatient psychiatric beds for service provision
- Develop forensic continuum of care

Options, Examined

- Many justice-involved persons with mental illness don't need inpatient level of care
- Once incarcerated, too late to access community crisis services
- Other states and counties successfully using jail-based restoration and outpatient restoration

Opportunities

- County Sheriffs, District Attorney's, Public Defenders all support more resources for forensic population
- Denver metropolitan area Sheriffs form task force in 2011 to examine options for improved crisis services inside jail

Collaboration Begins

- Colorado Office of Behavioral Health works with Metro Area Sheriff Task Force
- Common goals:
 - Get treatment and medications for individuals in jail as soon as possible
 - Get defendants restored to competency and on to trial as soon as possible
 - Be efficient and effective in the process

If You Can't Beat Them...

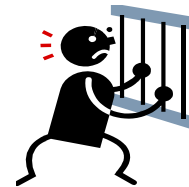


Tragedy Results in Resources

- Governor and Legislature respond to Aurora theatre shootings with increased mental health funding for FY 13-14
- Office of Behavioral Health receives \$20 million annually for statewide crisis services
- Office of Behavioral Health receives funding for a contract-operated 22-bed jail based restoration program
- Arapahoe County Sheriff provides jail pod for program location

Stakeholder Group

- OBH forms stakeholder group to advise on program development for RFP
- Group includes public defender, CMHIP staff, county mental health staff, Legal Center, Sheriffs' representative
- Lengthy discussions – Is jail-based restoration further “criminalizing” those with mental illness?



Jail-based Restoration – Best Practice

National Judicial College:

“Best Practice: When circumstances requiring hospitalization are not present, and either the defendant needs to be detained or community restoration is not available, it is a best practice to provide restoration treatment in a jail setting.”

National Judicial College. (2012). *Mental Competency – Best Practices Model*.

Jail-based Restoration – Best Practice

National Judicial College:

“It is also a best practice for the jail to create a mental health pod in which to hold, treat, and restore defendants to competency. It is further a best practice for the jail to employ the services of a mental health care nurse practitioner to staff the mental health pod.”

National Judicial College. (2012). *Mental Competency – Best Practices Model*.

Program Development

- Vendor selected in June 2013 – GEO Care
- Jail pod mitigated for suicide risks and “softened” to accommodate program needs
- GEO Care partners with the University of Colorado at Denver Forensic Psychiatry Fellowship Program to provide a psychiatric fellow
- GEO Care contracts with Arapahoe County Sheriff’s Office for support services

Program Requirements

- Serve Denver Metro area individuals adjudicated not competent to stand trial with court orders for inpatient restoration to competency.
- CMHIP selects patients – no involuntary medication
- Competency restoration services and psychopharmacology with evidence-based mental health treatment services.

Program Requirements

- Pre-admission transition with jail of residence
- Assessments:
 - Mental status; suicide risk, initial psych eval; nursing assessment; labs – all within 24 hours.
 - Social services, psychological, rehab/recreation – within 5 days of admission
- Orientation program
- Multidisciplinary treatment plan
- Restoration services (rational decision making)
- Groups and recreation activities
- Psychiatric care and medications

RISE Program Outcomes

- Restoring Individuals Safely and Effectively (RISE) opens November 1, 2013
- Average Length of Stay for RISE patients restored in September 2014: 47.8 days
- Average Length of Stay for CMHIP patients restored in FY 13-14: 242.3days (includes permanently IST).
- Avg. Occupancy (9/14): 74.1 percent