

2019 Criminal Justice and Behavioral Health Post-Summit Summary



Sponsored by the Criminal Justice Coordinating
Council of the Pikes Peak Region

The 2019 Criminal Justice and Behavioral Health Summit Summary

On March 20, 2019, the Criminal Justice Coordinating Council of the Pikes Peak Region hosted the 2019 Criminal Justice and Behavioral Health Summit at the El Paso County Citizens Service Center. The Summit offered a forum to identify gaps in services and promote solutions to problems that intersect behavioral health and criminal justice concerns in our region. This significant event has been one of the only opportunities for criminal justice and behavioral health professionals to meet to collaborate in a large and open conference.

The CJCC Behavioral Health Committee, with assistance from El Paso County Criminal Justice Planner, Dr. Alexis Harper, welcomed almost 100 representatives from more than 45 criminal justice agencies and behavioral health service organizations and providers who attended the Summit. El Paso County Commissioner Stan VanderWerf, and 4th Judicial District Chief Judge William Bain gave a warm welcome and introductory remarks and encouragement. Resolutions to make 2019 the year to make significant progress on the important community concerns regarding mental health and criminal justice provided a dynamic beginning to the Summit.

During the Summit, participants had the opportunity to interact in various sessions. Engagement was encouraged based on their expertise and contributions to addressing the numerous issues that intersect criminal justice and behavioral health systems in the region. Topics included discussing opportunities for diverting individuals with behavioral health concerns from jail, assisting individuals with behavioral health concerns who have become justice involved, and meeting basic needs for individuals with behavioral health concerns.

At the beginning of each session, Summit attendees were presented with background information and discussion questions, then participated in a structured process of brainstorming and information exchange. Sessions concluded with a review of recommendations and a discussion of barriers and solutions to the topic areas.

Primary highlights from the sessions include the following proposals:

- Develop a single resource document to be updated by agencies and organizations as services change.
- Tele-behavioral health resources to help conduct brief evaluations and connect resources; Develop a behavioral health triage or algorithm, to quickly direct/refer individuals to appropriate resources and services based on their needs assessment.
- Establish a designated transportation service for people to and from services providers and court; Increase provision and use of transportation vouchers.
- Braid funding streams across the region for the development of community programs.
- Create an integrated tracking system for referrals, diagnoses, medicine, treatment, and follow-up, to create a communication of treatment database.
- Co-locate services for individuals to have a one-stop-shop for treatment and case management when transitioning out of jail, with potential for transitional housing.
- Organize/link resource locations to provide referrals for other resources if necessary; Hold seasonal food and clothing drives and job fairs.

For more information, please review each session topic, questions, and the key takeaways in the following pages.

Topic A: Diverting individuals with behavioral health concerns from jail

To provide attendees with some general information on current and active efforts in diverting individuals with behavioral health concerns from jail, this topic began with information provided by the Behavioral Health Connect (BHCON) Co-Responder Unit, the Colorado Springs Fire Department (CSFD) Community and Public Health Division, and AspenPointe.

Carey Boelter, the El Paso County Sheriff's Office (EPSO) Behavioral Health Programs Manager, outlined the duties of the BHCON Team, including responding to crisis 9-1-1 calls. The BHCON Unit strives to provide crisis intervention response to individuals experiencing a mental health emergency. The Unit seeks to prevent unnecessary incarceration and/or hospitalization of mentally ill individuals by connecting them with appropriate care in the least restrictive environment. These services are delivered by supporting increased training to deputies on improved law enforcement responses to behavioral health calls through Crisis Intervention Training (CIT) and Mental Health First Aid (MHFA)

Dr. Victoria Allen-Sanchez, the CSFD Behavioral Health Coordinator, discussed how the CSFD Community Assistance, Referral and Education Services (CARES) program assists frequent users of the 9-1-1 emergency departments with their physical, medical, and behavioral health needs, through outreach, assessment, connection to community resources and care navigation. Additionally, the Community Response Team (CRT) was developed to assist patients suffering from acute behavioral health crisis by employing cross-agency collaboration to integrate behavioral health services into the broader healthcare spectrum. CRT, a collaboration between the Colorado Springs Police Department (CSPD), CSFD, and AspenPointe, decreases the time between a patient's call for help and the receipt of services.

Dr. Jennifer Dabros, the Manager of Clinical Programs at AspenPointe, offered information on the mission of AspenPointe, which is "To provide exceptional behavioral health care to our community one patient at a time." She discussed the multiple facilities located in the Pikes Peak Region, and the comprehensive and integrated system of care that specializes in behavioral health care and addresses the overall wellness of each client through a multidisciplinary approach which draws from a variety of services. Some services include crisis, education, and vocational training and services, various forms of individual and group therapy, intensive mental health and substance abuse outpatient treatment, as well as medication assisted and other treatment options.

The four questions outlined in Topic A, as well as the needs and suggestions identified in the session follow:

1. Where can police and deputies take individuals who may have behavioral health concerns that is not the jail (CJC)? (Currently limited options-Emergency room, walk-in crisis center, detox facilities)

Key takeaway(s):

- Needs: Being able to share information about individuals who appear in multiple systems; Development of continuum of care from State Hospital and for Substance Use Disorders (SUD)

- Suggestions: Tele-behavioral health to connect resources/evaluation; Can utilize Crisis Walk-in-Centers, Springs Rescue Mission Shelter, VA Services, Crossroads Detox, the Faith Based Community, other medical providers

2. How can we better train first responders/law enforcement in jail diversion? Can we encourage law enforcement to take an individual to a service provider instead of the jail (CJC)?

Key takeaway(s):

- Needs: Early intervention opportunities; Transportation home from service providers; Mental Health Court reinvestment
- Suggestions: Training the trainer/Peer training; Officer shadow; Lunch and Learn; Partner with Higher Ed.

3. How can we provide crisis intervention training? What other training can we provide to officers to help recognize situations where the crisis intervention team or paramedics should be called?

Key takeaway(s):

- Needs: Can't take patrol off roads for training; cost may be high; new officers and large academy are difficult to teach
- Suggestions: CIT in Academy; Refresher courses; MHFA; Risk Assessment training; Shadowing MH Providers

4. What can be done to proactively prevent and criminal justice involvement?

Key takeaway(s):

- Needs: Expand co-responder program and use of these models;
- Suggestions: Develop an algorithm for crisis/chronic issues to direct to services; Court ordered needs assessment and certification; Evaluate use of citations among homeless individuals, which typically result in failure to appear warrants for a low-risk population; Braid funding stream for community programs

Topic B: Assisting individuals with behavioral health concerns who have become justice involved

To provide attendees with some general information on current and active efforts in jail release assistance and recidivism reduction for individuals with behavioral health concerns, this topic began with information provided by the Behavioral Accountability with Structured Individualized Case Management (BASIC) Program, the El Paso County Criminal Justice Center Armor Correctional Health Services, and the Jail Mental Health Aftercare Program (JMHAC).

Teri Frank, EPSO Judicial Liaison and Program Analyst, highlighted various community concerns with increases in the number of people in jail with mental health concerns, the number of days spent in jail due to the inability to post bond, and the demand on mental health professionals in the jail. She discussed the BASIC Plan and need to identify individuals in jail who have specific mental health diagnoses, are medication compliant, have qualifying criminal charges, and need assistance to post bond and be released from jail. Through BASIC's services, clients will receive individual case management and a jail discharge plan is created. Once a PR

Bond is granted through the court, the client will be supervised, supported, and provided appropriate resources to assist in transition to probation and successful program completion. By developing a plan for sustainability, BASIC aims to help reduce the population of the jail and the risk of recidivism of individuals with behavioral health concerns.

Tanya Belknap, Mental Health Director of Armor-CJC, gave an overview of Armor's Services as a contracted provider to the El Paso County Criminal Justice Center. Armor prioritizes the thorough and timely assessment to identify individuals with behavioral disorders including substance use disorders, and seeks to provide competent therapeutic solutions, treatment, and stabilization for detainees and patients. Armor works closely with CARES, AspenPointe Jail Diversion, Crossroads Treatment Center, and other community resources to ensure CJC detainees are aware of the pathways to successful reentry into the community.

Natasha Harrell, the JMHAC Supervisor, offered information and answered questions about how the Jail Mental Health Aftercare Program is designed to reduce recidivism. This is achieved by providing mental health support services such as psychiatric care, medications, mental health treatment, daily living assistance and case management services to the uninsured and reintegrating offenders. Services provided by the JMHAC Program include comprehensive case management, with resource connections, and assistance with general life needs, employment, medication, and transportation.

The four questions outlined for Topic B, as well as the needs and suggestions identified in the session follow:

1. What steps need to be taken to ensure doctor/psychological assessment and medical appointments, to improve the timeliness of individuals receiving medicine in jail, and continued availability of medicine post-release?

Key takeaway(s):

- Needs: More doctors and service providers in the community; More JMHAC staff; More beds at state hospital; integrated tracking system for diagnoses/meds/treatment (communication of treatment database); Consider options for involuntary medication treatment;
- Suggestions: Make appointments in jail for inmates without a known release date; Transportation vouchers to services; Inform inmates/patients of process for receiving services; Develop pre-release plans/referrals; Case managers/providers go to jail to assist with Medicaid and VA services; Manage legislation to continue Medicaid while in custody; Follow-up in a client management system following release;

2. How can we develop a continuum of care for these individuals that begins in pretrial services and incarceration, and continues through court hearings, discharge, and any sentencing?

Key takeaway(s):

- Needs: Follow-up with referrals; Training for how to conduct needs assessment;
- Suggestions: Create a roadmap of all entities and services and a guide for how to make referrals (algorithm) based on individual case management; Increase "warm-

handoff” opportunities; develop a multi-option treatment plan (plan B) to avoid roadblocks/waitlists;

3. How can we work with existing service providers to address system challenges for individuals who cycle repeatedly through the criminal justice system?

Key takeaway(s):

- Needs: Develop a robust communication tool to quickly share info; More resources on the court side and in probation; Develop a one-stop-shop for resources/case managers from various providers; Mental Health Treatment Court
- Suggestions: Develop a check-list to promptly identify problem-solving court candidates (Addiction/Co-Occurring, Veterans and DV with trauma; Sharing needs with attorneys; high-risk/high-needs offenders); Extend Sober Living resources while incarcerated; Continue meds in and out of jail/Vouchers for meds once released;

4. How can we quickly and efficiently connect individuals with services/programs to assist/expedite release from the jail (CJC)?

Key takeaway(s):

- Needs: Jail to be a Medicaid enrollment site; Increase Armor staff at Jail; Review/Update Kite process to expedite MH assessment; Increased use of injectable meds;
- Suggestions: Note when there are field requests/suggestions from law enforcement contacts for court ordered PR Bond screening; Work closely with BRIDGES liaisons; Develop a Peer Navigator program to support re-entry (peer/case manager program with volunteers/faith based community); Care coordination to find sustainable supporting housing; Mental Health Tax to support programs/resources

Topic C: Meeting basic needs for individuals with behavioral health concerns

To provide attendees with some general information on current and active efforts in meeting basic needs for behavioral health, Dr. Matthew Caywood with the El Paso County Department of Human Services and Joel Siebersma, the Director of Addiction and Recovery at Springs Rescue Mission (SRM), discussed the importance of needs assessment.

Dr. Caywood highlighted how social determinants of health are closely correlated with determinants of crime. If the provision of basic needs is not met for a large population of people, the greater community will quickly begin to lose stability. Breaking down barriers which prevent physical and emotional wellbeing can help promote stability, so we must consider how to better provide services to individuals with behavioral health concerns to increase opportunities for achieving and maintaining stability and wellbeing.

Joel Siebersma outlined the vision and services of Springs Rescue Mission, which is “To see lives transformed and filled with hope as our community works together to fight homelessness, poverty and addiction.” By providing food, shelter, and resource services, family support, addiction recovery and sober living, SRM and their community partners are working to increase opportunities for individuals to achieve and maintain stability and wellbeing.

The eight needs areas outlined for the Topic C session, as well as the needs and suggestions identified in the session follow. Participants were asked to consider major service providers, gaps, underutilized resources, and funding for each of the needs areas:

- **Housing**
 - Needs: Protect the cost for residence in sober homes so it is affordable to the average population needing the services; Regulations on safety, number of beds, and location of services; Develop more permanent supportive housing options;
 - Suggestions: Consider the value of group homes and communal living; Increased use of Harbor House type model (and for CJ/MH individuals); Utilize churches to support population
- **Food and Essential Products**
 - Needs: Sustainable-living wage jobs
 - Suggestions: Organize resource locations to be able to either provide food and essential products or refer people to agencies with these supplies/resources; TESSA to become a food bank; Have seasonal clothing/food drives;
- **General Health Needs and Medical Benefits**
 - Needs: Follow-up in resource application and enrollment by case managers; Improve access to providers for prescriptions
 - Suggestions: Utilize Co-Pay resources; Develop a flow-chart of how/what Medicaid covers to understand benefits/qualifications and how to access providers
- **Transportation**
 - Needs: Designated transport from CJC to services (offer vouchers); Increase bus services (esp. to rural areas)
 - Suggestions: Develop a unified transportation program for transport to appointments/court; Co-locate services near public transportation; Distribute information on taxi services that will charge Medicaid
- **Social Support Groups and Child Support**
 - Needs: More respite help is needed to support parent fatigue/single parents
 - Suggestions: Develop a central networking website to connect people to support groups; Utilize students in early childhood development and related degrees to work in child care internships
- **Transitional Care and Financial Management**
 - Needs: Expand JMHAC;
 - Suggestions: Link resources such as AspenPointe, Springs Recovery Connection, NAMI, sober living facilities, the VA, programs with “peer coaches”
- **Vocational Attainment**
 - Needs: Programs dedicated for sex offenders; Finding employers
 - Suggestions: Promote adult education programs; Link resources such as Gateways, Goodwill, Pikes Peak Workforce Center, Springs Rescue Mission, Women’s Resource Agency, Rehire Colorado, Remerge.com; Provide shadowing opportunities through a developed program; Improve vocational training during incarceration; Hold seasonal job fairs
- **Recovery Services**
 - Needs: Medicaid coverage for inpatient recovery services; More local providers; Women’s residential

- Suggestions: Develop a telephone recovery support system with follow-up; Increase peer, child care, and after-hours services; Recovery Community Organization peer support in jail

Conclusion and Next Steps

The CJCC Behavioral Health Committee will work to develop strategies for how to achieve these proposals, in an effort to promote next steps in addressing the community concerns outlined in the Summit. Some efforts are already underway, including the development of a living resource documents, which committee members will regularly update and distribute. In the interest of identifying the primary behavioral health needs and gaps in our community, the Committee will initiate efforts to work with a consultant who will conduct an analysis of existing and necessary services in the Pikes Peak Region. The consultant would identify gaps in service areas that need expansion and have a large impact on the criminal justice system, and provide evidence-based suggestions for how to fill these gaps. A study of this nature is integral to our efforts to identify what specific actions must be taken to help remedy these issues facing our region. Additionally, the Committee will organize workgroups to address many of the highlighted key takeaways from the Summit, and will reach out to Summit participants who expressed interest in contributing their expertise to developing solutions and creating strategies for addressing these issues that intersect criminal justice and behavioral health systems.

A very special thank you to the Summit speakers, guests, and especially the members of the Behavioral Health Committee for their hard work and dedication to organizing and hosting the first, of what will hopefully be an annual and very successful event.

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 Dr. Victoria Allen-Sanchez, CSFD, CARES
 Tanya Belknap, Armor Correctional Health Services Inc., EPC Criminal Justice Center
 Amber Biss, EPC Department of Human Services
 Carey Boelter, EPC Sheriff's Office
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Any questions regarding the Summit or this summary of the event should be directed to Dr. Alexis Harper, El Paso County Criminal Justice Planner. alexisharper@elpasoco.com