

Document Completed

8/28/2019



LARIMER COUNTY

BEHAVIORAL HEALTH SYSTEM & CONTINUUM OF CARE FACILITY

OVERVIEW & STAKEHOLDER RECOMMENDATIONS



- Prepared for:
Health District of Northern Larimer County
- Prepared by:
The Equitas Project

On April 22, 2019, key stakeholders from each sector of Larimer County's criminal justice system met to inform the design and operations of a new behavioral health care system and facility. The purpose of the new system of care and facility is to provide access to levels of health care and pathways to successful community living which are currently unavailable or inadequate to the needs of the population.

The unique new integrated care and support facility, situated on county land near the intersection of Taft Hill Road and Trilby Rd., will be Larimer County's reliable, right door for accessing quality, affordable mental health and substance use support and care. The expectation is that, over time, improvements in access to preventative and supportive care across the county's systems may reduce what is expected to be an initially heavy reliance upon the new facility to close currently existing gaps in the system.

The facility will serve the needs of patients and their families, and also serve as a state-of-the-art one-stop shop for referrals and direct patient drop-offs from participating agencies. A key benefit of the facility for the community is that it will offer a 24/7 access point for public safety first responders. This expedited access to appropriate levels of quality care and support will provide public safety officers and the justice system with safe, effective, and economic alternatives to incarceration for individuals whose unmet health needs are more significant than any threat they may pose to public safety.

By waiting to address population health needs until they are acute and manifest in crises, communities rely too heavily on first responders, experiencing high costs and poor health outcomes. To get ahead of the current high-cost, low-yield cycle, Larimer County must strive to incorporate practices and policies that support behavioral health across the lifespan, reducing incidences of acuity and crisis. Reliance upon first responders and the new facility will diminish as population health improves. Colorado state leaders in behavioral health have made specific recommendations in each of the following areas (available here: <https://www.equitasproject.org/colorado-course-corrections-2019/>).

BEST PRACTICES & POLICIES

CHILDHOOD AND YOUTH

Supporting mental health awareness and the development of healthy behaviors in early childhood is vital to lifelong wellbeing. It helps ensure future prosperity for individuals and communities. Every dollar spent on supporting a child's positive health and education outcomes today saves seven dollars in costs associated with later criminalization and improved earnings potential.

HEALTH CARE

Individual access to health care across the lifespan builds community wellbeing. Preventive and supportive health care is more cost-effective and yields better long-term outcomes than waiting until acute, crisis care, or long-term care is needed. While focusing on health and wellness promotion, we must also ensure that affordable and high quality mental, substance use disorder, and physical health services are available to everyone.

EDUCATION

Education is a key factor in promoting better individual health outcomes in communities. Ensuring access to supportive educational programs for students of all ages and guaranteeing access to education for incarcerated citizens will yield cost-savings and a more robust economy.

EMPLOYMENT

Employment helps us build meaningful lives and is often essential for good mental health. Every community member should have a chance to do meaningful work, including those living with a mental illness and those who have a criminal record.

HOUSING

Secure housing is a basic human need. Providing supportive and discrimination-free housing, for those who face homelessness or struggle with physical and mental health challenges, improves health outcomes and saves taxpayer dollars.

Participants in the information-gathering and consensus-building meetings on April 22 included representatives of: Colorado State University Police Department, Estes Park Police Department, Fort Collins Police Department, Loveland Police Department, Windsor Police Department; the Larimer County Sheriff's Office; judges, magistrates, probation officers from the 8th Judicial District; the Office of the Public Defender; and the Office of the District Attorney (see list at end).

On May 8, 2019, members of the Larimer County Criminal Justice Advisory Council (see list at end) gathered to discuss a draft summarizing findings from the April 22 meetings. The overview summary from April 22 was well-received, and was perceived to be a helpful tool in understanding the current state of the county in delivering behavioral health services to the communities' members, especially as related to the intersection with law enforcement and criminal justice system response.

Finally, on May 20, 2019, the overview summary of observations and recommendations from the earlier stakeholder meetings was presented to judges and probation leadership at the monthly En Banc meeting (see list at end). Questions and considerations from all of these meetings have been incorporated into this overview and recommendations.

The following is a representation of the participants' perspectives and consensus regarding the unmet needs of the county and is followed by recommendations for the design and operations of the proposed new facility and system of care.

CURRENT SITUATION

The perception of public safety and criminal justice system stakeholders is that Larimer County does not have adequate access to appropriate levels of care, treatment, and support for individuals with mental health and substance use disorder needs. Such individuals are often incarcerated as a consequence, as is the case elsewhere in Colorado and in other states nationwide, even when the magnitude of their health needs exceeds the gravity of their criminal offense or the seriousness of any threat they pose to public safety. In the non-therapeutic and overly crowded environment of the jail, there are minimal resources for supporting health outcomes, and so individuals may languish with their health needs unaddressed, often incurring additional criminal charges. Individuals are released from the jail in a persisting or exacerbated state of disease, and there is nothing, or very little, in the way of follow up services or continuity of care to support their reintegration into the community and stabilize their health. The identification of mental health and substance use disorder needs does not lead to the meeting of those needs.

Public safety and criminal justice system stakeholders share an impression that Larimer County, like counties and communities across the nation, is characterized by a chaotic patchwork of behavioral health entities that provide discontinuous care at best. These entities have varying agendas and goals, and though they aspire to provide quality care, it appears that decisions are driven by business competition and funding issues rather than by the health needs of individuals and the population. There is very little preventative care or follow up care. There is no accessible detox in the county. The relatively new co-responder unit is potentially of significant benefit, but has no follow up case management, is too small in size, and is too poorly supported by the patchwork of access to care.

The Crisis Stabilization Unit offers no security, excludes the acutely ill and intoxicated, and is an unqualified failure from the law enforcement perspective.

Public safety and criminal justice system partners currently attempt to navigate a bewildering landscape of health care service providers and community agencies, invariably encountering poor communications, obstacles, and exclusions that underscore the absence of any sensible continuity of care. Navigating the health care landscape and accessing care can be even more challenging for individuals with unmet health needs who have committed no crimes and are not justice-involved.

RECOMMENDED FEATURES OF THE PROPOSED NEW FACILITY

Public safety and criminal justice system stakeholders included all of the following in their list of the treatments and interventions that the proposed new system of care and facility ought to make available in order to realize the objectives of providing a successful pathway to positive health outcomes for the people of Larimer County and an alternative to incarceration and over-reliance upon the criminal justice system.

To ensure the success of the new system of care and facility, public safety and criminal justice stakeholders insisted on the importance of maintaining the cooperative interagency effort initiated by this facilitated planning discussion. The success of the new system and facility will depend upon the extent to which facility staff, public safety officers, and other referring partners consider themselves a team of allies and share a sense of ownership and purpose with regard to leveraging the new asset to achieve greater health, safety, and justice while more sensibly managing community resources.

Recommended features enumerated in the sections which follow have been ranked as Phase 1 and Phase 2. "Phase 1" indicates features and functions that must be fully operational when the new facility opens its doors for business for the first time. "Phase 2" indicates features and functions that may be developed and implemented 6-12 months after the new facility is operational.

Many of these recommendations are known best practices based on the implementation of similar innovative efforts in communities in other states. The expectation in Larimer County should be that the new facility at Taft Hill Road and Trilby will set a new national standard.

The new facility must provide a "no wrong door" "one-stop shop" for the public, as well as for public safety first responders and criminal justice system referrals, with:

PHASE 1:

- ▶ Immediate intake
- ▶ Thorough needs assessment
- ▶ Medical clearance
- ▶ Detox
- ▶ Acute care for compliant and non-compliant patients
- ▶ Medication Assisted Treatment (MAT)
- ▶ Case management and continuity of care
- ▶ Access to community engagement resources
- ▶ Emergency medicine

SERVICES OR LEVELS OF CARE, CONT.

RECOMMENDED FEATURES OF PROPOSED NEW FACILITY, CONT.

PHASE 2:

- ▶ Multiple levels of treatment
- ▶ Involuntary medication
- ▶ Sober housing
- ▶ Housing First (sobriety not required)
- ▶ Harm reduction approaches to substance use disorder treatment
- ▶ Pharmacy
- ▶ Long-term care and addiction treatment, not just crisis stabilization
- ▶ Reentry programming that begins in jail
- ▶ Family Counseling
- ▶ Individual treatment (not just groups)
- ▶ Intellectual and Developmental Disabilities treatment and support
- ▶ Disability treatment and support
- ▶ Juvenile and adult services
- ▶ Veterans services

To establish targets for success and outcomes measures, the new facility must collect the following or analogous data. Data collection recommendations have not been divided into phases, as efforts to track each of these identified points ought to commence with the initiation of operations.

- ▶ # of admissions/patient
- ▶ # of times per week/month/year an individual accesses care
- ▶ Average length of stay
- ▶ # of crisis incidents after visit
- ▶ Impact on recidivism
- ▶ # Public safety/Mental Health calls for service
- ▶ Time from initial intake evaluation to initiation of treatment
- ▶ % continuing care following visits
- ▶ Suicide rates
- ▶ Overdose deaths
- ▶ # Jail bed days, before and after facility
- ▶ # of charges filed, before and after facility
- ▶ Cost savings
- ▶ Time savings
- ▶ Drop-off/transfer time from start to finish for officers
- ▶ Reductions in assault charges on first responders
- ▶ Time from intake to discharge
- ▶ Consumer/client satisfaction
- ▶ Special needs of consumers
- ▶ Consumer-identified measures of success
- ▶ Languages spoken by consumers
- ▶ # veterans served

DATA

RECOMMENDED FEATURES OF PROPOSED NEW FACILITY, CONT.

FACILITY STAFF

Stakeholders repeatedly underscored the critical importance of recruiting and retaining **quality personnel** to staff the new facility. The staff must work well with public safety officers, be wholly committed to the “no wrong door” health care access mission, and always be ready to manage intake and assess new clients. The facility must include a competent **security staff** and a **secure unit** so that acutely ill, non-compliant patients can be safely managed. Priorities for facility staff have not been divided into phases, and must include the following at commencement of operations:

- ▶ Total commitment to “no wrong door” health care access mission
- ▶ Total commitment to partnership with public safety officers in supporting successful diversion efforts
- ▶ Total commitment to providing competent security and a secure unit for the safe management of acutely ill, non-compliant patients

Public safety and criminal justice stakeholders insisted that the facility design include a **flow chart** of what officers, first responders, and the public should expect upon arrival. **Intake paperwork** should be as simple as possible, “one form fits all.” First responders should have a **check list** of information requested by facility at point of hand-off, and **telephone assistance** providing guidance through the hand-off should be available to officers in transit.

Ease of Access recommendations have not been divided into phases. Stakeholders repeatedly emphasized the importance of:

- ▶ Streamlined check-in process, meeting with one, preferably familiar person
- ▶ Competent security
- ▶ Transportation system
- ▶ Public safety officers’ entrance
- ▶ Simplified paperwork that can be prepared in advance or while in transit
- ▶ One-stop shop, incl. medical clearance
- ▶ Ability to take people who are injured
- ▶ Phone consultation available for officers prior to or during transport
- ▶ Language services

Public safety officers shared clear ideas about the physical features of the proposed facility:

PHASE 1:

- ▶ Warm & inviting entrance/lobby: good lighting, fountain, music, warm colors
- ▶ Body scanner
- ▶ Video monitoring & recording
- ▶ Male/female/non-binary safe spaces
- ▶ Fast access to quiet assessment & de-escalation areas
- ▶ Single rooms
- ▶ Rooms for group & individual therapy
- ▶ Segregated area for juveniles
- ▶ Locked acute unit

EASE OF ACCESS

PHYSICAL FEATURES OF THE FACILITY

PHYSICAL FEATURES OF THE FACILITY, CONT.

FACILITY ENTRANCES

FACILITY CLIENTS

RECOMMENDED FEATURES OF PROPOSED NEW FACILITY, CONT.

PHASE 1, Continued:

- ▶ Drop-off/pick-up transportation for those checking themselves in or being discharged. No bus stops, sidewalks, or lights at the location
- ▶ Personal property storage
- ▶ Pharmacy
- ▶ Work area and break room for officers/first responders with phone (in case cell reception is poor), wifi, & their own bathroom
- ▶ Refreshments for officers/first responders
- ▶ Kennel for animals belonging to consumers

PHASE 2:

- ▶ Active area/gym
- ▶ Outdoor space
- ▶ Walking path
- ▶ Childcare services for outpatient clients
- ▶ Cafeteria

Public safety and criminal justice stakeholders emphasized the accessibility of the proposed new facility, underscoring the importance of deescalating crises and promoting positive health outcomes. The facility should be equipped with multiple entrances, appropriate to specific circumstances. These recommendations have not been divided into phases, as stakeholders emphasized their importance to successful operations.

- ▶ Secure sally port for public safety officers and EMS transferring higher risk clients
- ▶ Separate walk-in entrance, without contact with public, for public safety officers transferring lower-risk clients
- ▶ Public entrance leading to immediate intake & appropriate privacy based on gender, age, level of need, etc.
- ▶ All entrance areas should be warm and inviting, distinguishing the facility as person-centric and health-focused

Public safety and criminal justice stakeholders discussed the scope of prospective redirection efforts, the requirements of justice and public safety, and the rights of victims. Some judges suggested that 70-75% of their docket might be redirected toward a reliable system of support and care. All of the following were included among prospective consumers to be served by the new facility:

- ▶ All detox holds
- ▶ Psychotic patients
- ▶ Patients with dementia
- ▶ Patients in need of long-term care
- ▶ Patients in need of short-term de-escalation
- ▶ People in need of mental health support and care
- ▶ Trauma survivors
- ▶ People with substance use disorders
- ▶ Suicidal patients
- ▶ Homeless/indigent patients with low-level charges
- ▶ Welfare checks
- ▶ First time offenders

RECOMMENDATIONS FOR TRAINING

Ongoing public education, as well as communications/training across agency and community programs will be essential for the success of the proposed new facility. Recommendations for training include:

PHASE 1:

- ▶ Facility staff ride-alongs with public safety officers
- ▶ Facility tours for public safety officers and criminal justice system stakeholders
- ▶ Regular interagency team meetings
- ▶ Roll call and briefing videos for public safety officers
- ▶ User-friendly reference guides, pocket cards
- ▶ Mental health (including substance use disorder, dementia, traumatic brain injury, and autism spectrum) training for public safety and probation officer, for attorneys, and for judges and magistrates
- ▶ Crisis Intervention Team (CIT) training, in-service follow up (8 hours or less) for CIT officers

PHASE 2:

Neurology, and brain and behavior research updates

RECOMMENDATIONS FOR CONTINUING ENGAGEMENT

The success of the proposed new facility will depend upon the continuing cultivation of interagency cooperation, shared ownership, transparency, and mutual accountability. Ranked in order of importance from top to bottom, informants recommend:

HIGHEST PRIORITY:

- Early formation of an interagency steering committee, incl. public safety advisory board, with quarterly meetings
- Facility should have a designated contact person for public safety officers and criminal justice partners to call if there is an issue

ALSO IMPORTANT:

- Regular high-level progress reports
- Feedback should be met with responsiveness, prioritizing interagency satisfaction
- Public forums & community engagement
- Outreach to public and community stakeholders during all existing meetings
- Emailed questions/polls/updates to teams across agencies to foster feeling of engagement
- Online agency and client satisfaction surveys
- Updates and strategies regarding policy change priorities (cf. "Three strike" sentencing policy which does not take into account unmet health needs; levels of civil commitment, etc.)
- Post-transfer satisfaction surveys for public safety officers

POSSIBLE CAUSES OF FAILURE - TO BE AVOIDED

Public safety and criminal justice system informants repeatedly emphasized the importance of interagency cooperation, shared ownership, and mutual accountability. The informants identified all of the following as possible causes for any failure of the new facility to deliver desired outcomes for the community:

- ▶ Lack of unified approach, letting money/insurance drive treatment options
- ▶ Having large exclusion lists
- ▶ Restricting which clients receive services due to insurance or payment issues
- ▶ Inadequate security
- ▶ Rude or incompetent staff
- ▶ Too many procedures, bureaucratic redundancy
- ▶ Poor teamwork across agencies, must be an allied effort
- ▶ Too few acute beds
- ▶ Predominance of court-ordered treatment, doubts about effectiveness of this
- ▶ Cost to individual
- ▶ Lack of continuity of care, ongoing integration support
- ▶ Unavailability of supportive housing
- ▶ Lack of job, life skills training for clients
- ▶ Lack of opportunities for on- and off-site employment and other opportunities for personal accountability
- ▶ Lack of public safety officer and agency buy-in due to “wrong doors,” other obstacles
- ▶ Lack of education/training for the support groups/families of individuals
- ▶ Lack of sustainable funding
- ▶ Over-exploitation of the facility and its services by other counties
- ▶ Persisting exclusion of people convicted of sex offenses from access to care and other resources
- ▶ Failure to incorporate consumer guidance in planning process
- ▶ Lack of language services

KEY INFORMANTS FOR THIS REPORT:

PUBLIC SAFETY AGENCY STAKEHOLDERS

Jeff Armentrout
Larimer County Sheriff's Office
(Jail)

Josh Bellendir
Larimer County Sheriff's Office
(Jail)

Stephanie Booco
Fort Collins Police Department

Jesse Boyd
Co-Responder Team Lead
Loveland Police Department

Tim Brown
Loveland Police Department

Robert Cook
Larimer County Sheriff's Office
(Co-Responder/Patrol)

Lesley Craig
Larimer County Sheriff's Office
(Co-Responder)

Dan Dworkin
Fort Collins Police Department

David Guy
Fort Collins Police Department

Cheryl Jacobs
Larimer County Sheriff's Office
(Co-Responder)

Amanda Jarman
Larimer County Sheriff's Office
(Jail-Medical)

Rick Klimek
Windsor Police Department

Rick Life
Estes Park Police Department

Mike Loberg
Larimer County Sheriff's Office

Dan Murphy
Fort Collins Police Department

Jim Ramirez
Larimer County Sheriff's Office
(Jail)

Meagan Robinson
Fort Collins Police Department

Mark Stiger
Larimer County Sheriff's Office
(Jail-Mental Health)

Tim Sullivan
Larimer County Sheriff's Office

Aaron Westby
Fort Collins Police Department

Justin Yeager
Fort Collins Police Department

Alisha Zellner
Colorado State University Police
Department

KEY INFORMANTS FOR THIS REPORT:

8TH JUDICIAL DISTRICT (EN BANC) STAKEHOLDERS

Mary Joan Berenato
County Court Judge
8th Judicial District

Chris Gastelle
Chief Probation Officer
8th Judicial District

Rachel Owusu
Probation Officer (Intern)
8th Judicial District

Michelle Brinegar
District Judge
8th Judicial District

Steve Howard
Chief Judge
8th Judicial District

Michael Ruttenberg
Clinical Director
Criminal Justice Services
CJS/Community Corrections

Janelle Brunin
Court Executive III
8th Judicial District

John Jostad
Magistrate
8th Judicial District

Kristin Sheeran
Deputy Court Executive
8th Judicial District

Jennifer Collom
Probation Office
8th Judicial District

Steve Jouard
District Judge
8th Judicial District

Kent Spangler
Magistrate
8th Judicial District

Linda Connors
Magistrate
8th Judicial District

Thomas Lynch
County Court Judge
8th Judicial District

Kelly Taylor
Probation Officer
8th Judicial District

Julie Field
District Court Judge
8th Judicial District

Kandace Majoros
Magistrate
8th Judicial District

Juan G. Villaseñor
District Judge
8th Judicial District

Suzanne Fredrickson
Clerk of Court
8th Judicial District

Annetta Niesent
Probation Officer
8th Judicial District

Matthew Zehe
Magistrate
8th Judicial District

Thomas French
Judge
8th Judicial District

Greg Otte
Deputy Chief
Probation Officer
8th Judicial District Probation

DISTRICT ATTORNEY'S OFFICE

Emily Humphrey
2nd Assistant District Attorney
Larimer County District Attorney's
Office

Mitch Murray
Assistant District Attorney
Larimer County District Attorney's
Office

Andrew Lewis
Chief Deputy District Attorney
Larimer County District Attorney's
Office

Shaun Reinhart
Deputy District Attorney
Larimer County District Attorney's
Office

KEY INFORMANTS FOR THIS REPORT:

PUBLIC DEFENDER'S OFFICE

Ben Iddings
Fort Collins Public Defender

Matt Morriss
Fort Collins Public Defender

Heather Siegel
Fort Collins Public Defender

Tracy Lowrey
Legal Assistant
Fort Collins Public Defender's Office

Emily Reed
Administrative Assistant
Fort Collins Public
Defender's Office

Zoey Tanner
Fort Collins Public Defender

Ashley Morriss
Fort Collins Public Defender

Amber Richardson
Fort Collins Public Defender

LARIMER COUNTY CRIMINAL JUSTICE ADVISORY COMMITTEE

Michael Allen
CEO
SummitStone Health Partners

Kathryn Hay
Public Defender
8th Judicial District

Cliff Riedel
District Attorney
8th Judicial District

Gary Darling
Criminal Justice Services Director
Larimer County
Staff to the Committee

Linda Hoffmann
County Manager
Larimer County

Justin Smith
Sheriff
Larimer County Sheriff's Office

Melissa Gallardo
Community Parole Manager
Larimer County Community Parole

Stephen Howard
Chief District Court Judge
8th Judicial District
Chair to the Committee

Jeff Swoboda
Chief of Police
Fort Collins Police Department

Christopher Gastelle
Chief Probation Officer
8th Judicial District

Timothy Palmer
Jail Administrator
Larimer County Jail

Robert Ticer
Chief of Police
Loveland Police Department

Tim Hand
Director
Larimer County Community Corrections

DOCUMENT PREPARED BY:



Vincent Atchity, Ph.D., Executive Director, The Equitas Project

Gwendolyn West, Project Coordinator, The Equitas Project