

Correctional Treatment Board



Summary of the 13th Judicial District Local Treatment Board Visit February 18th, 2014 1:30 p.m. to 4:30 p.m.

Members In attendance: Jeanne Smith, Eric Philp, Marc Condojani, Brian Connors, Jim Bullock, Barry Pardus (DOC) for Kelly Messamore.

Board Co-Chairman

Marc Condojani, Director
Community Treatment & Recovery
Office of Behavioral Health
Department of Human Services

Board Co-Chairman

David Walcher, Sheriff
Arapahoe County Sheriff's Office
County Sheriffs of Colorado

Board Members

Jim Bullock, District Attorney
16th Judicial District
Colorado District Attorney's Council

Brian Connors, Chief Deputy
State Public Defender's Office

Kelly Messamore, Assistant Director
Division of Adult Parole,
Community Corrections, YOS
Department of Corrections

Eric Philp, Director
Division of Probation Services
Colorado Judicial Branch

Jeanne Smith, Director
Division of Criminal Justice
Department of Public Safety

Board Staff

Tia Mills
Division of Probation Services
Colorado Judicial Branch

Members of 13th Local Treatment Board: John Draxler (Probation/Comcor rep), Steve Proctor (Probation), Brittany Lewton (DA), Garen Gervey (PD), Leslie Keisel (Parole)

Non-Members in attendance: Jagruti Shah – OBH, Glenn Tapia – DCJ, Kim English -DCJ, Kristy Jordan – Signal Behavioral Health, Sue Williamson – Signal Behavioral Health, Brenidy Rice – Judicial Problem Solving Courts

The 13th Judicial district includes 7 counties in NE Colorado: Logan, Sedgwick, Phillips, Morgan, Washington, Yuma, and Kit Carson. Centennial is the local mental health center and available programming includes various levels of outpatient treatment, a community corrections facility that is currently developing IRT capacity, Visiting TASC services, Adult Drug Court and JBBS services in various counties throughout the district. The MSO for the region is Signal Behavioral Health.

Eric Philp provided an overview of the Continuum and why it was developed.

- Assessment should drive treatment decisions
- All levels of treatment should be available in varying levels
- The Board recognizes that stability factors are necessary to treatment success. Treatment alone can't always help.

The local board indicated that they are using approved assessments to drive treatment decisions in probation, parole and jails. Treatment levels are generally appropriate with an exception being IOP as there is no provider available. IRT services are also missing from the region which means that offenders are being sent out of the community because there are no services. This limits success. Generally the 13th tries to use Larimer County for resources as it is the closest, but there is still a disconnect with transition back into the community for community corrections clients.

Another missing service is detox. The district is spending up to 3 hours transporting clients to gain access to a detox bed. A grant existed many years ago, but due to grant limitations and other factors, the program never got off the ground

Based on these missing services, the local board is actively working with the community corrections provider to develop an IRT program that can also meet some IOP needs. There is also a longer-term vision that perhaps the comcor facility can be used for detox services. This is not actively being pursued at this point in time. The local board feels strongly that it can easily fill the IRT beds that are being developed and they are targeted to be ready for business in March. As Advantage Treatment (comcor facility) is not on the current DCJ bid for IRT, DCJ can't provide IRT funding and probation and parole are being asked to fund the base bed rate along with the differential rate for specialized treatment. The goal is to expand the DCJ bid when the existing contract is up and include the 13th's program.

Another major issue within the 13th judicial district is transportation. The district consists of 7 counties and a large portion of the NE corner of the state. They are sparsely populated counties with not enough business to drive services across the district. Most of the services are located in Sterling and Ft. Morgan. Centennial MHC is doing some video-conferencing, but the Board isn't sure how it is working. There are shuttle bus services between the counties and probation actively provides bus passes to clients in order to access these services. Local law enforcement is frustrated with the lack of detox and the need for them to transport clients.

Treatment for Spanish speakers was briefly discussed. Most of the services are in Ft. Morgan, Yuma and Burlington as these are areas with employers who rely on Spanish-speakers. The board felt that the needs of this population were generally being met. Where services weren't available, clients have to travel to Greeley.

JBBS programs were discussed. The local board indicated that JBBS programs were not effectively operating in every county in the district. OBH was surprised to hear this and will be following up with the various providers to see if there are barriers to implementation.

The local board was asked about their problem-solving courts and feedback was given to Brenidy Rice, the problem-solving court program manager.

The top identified needs within the 13th JD were: IOP, IRT, Detox and Transportation. The local board is actively working on IOP and IRT with the idea that detox may be able to be addressed in the future. Having a local detox center would decrease the transportation issue in many cases, but there is still a need to help facilitate client transportation to/from outpatient treatment.

Other issues that were discussed included a problem with DOC inmates getting medication upon release and the fact that there is no sober living.

The statewide board then asked the local board about data it can collect, how the statewide board can improve communication to the local boards and about RNR competency and quality treatment. There is limited oversight of treatment programs and primarily only the providers affiliated with problem-solving courts are involved with the RNR principles.

Issues for the Statewide Board to discuss as a result of the meeting:

1. How can the Board work to support probation and TASC funding for IRT beds
2. How can the Board continue to tie funding to prioritized needs?
3. Would it be desirable/feasible to central funding for certain programs/needs and manage it that way across the state?
4. What, if anything, does the Board want to do regarding assistance with transportation?
5. What can the Board do to help further RNR concepts within the treatment community?
6. What data would the Statewide Board like to have the local boards start collecting? Does the Board want to centrally collect information and distribute? Data is skewed as the practices in localities is to assess to what services are available. What can the Board do to help change this?
7. What programs/funding are available through OBH That aren't CTCF supported but will be helpful for local boards to know about? Are there other programs in other state agencies?
8. Local boards want to be updated on impactful legislation.
9. Does the CTB want to develop a policy on detox? Is this a state responsibility?
10. What can the board do regarding rates for providers?
11. Stability services – how can the Board collect estimates for these services?