



Mental Health and Disability Services Redesign 2011

Judicial-DHS Workgroup Minutes

October 20, 2011

10:00 am to 3:00 pm

Judicial Branch Building, Room 165

1111 East Court Avenue, Des Moines, IA

MINUTES

Attendance

Workgroup Members: Bhasker Dave, Beth Baldwin, Dan Royer, Deb Littlejohn, Deb Schildroth, Diane Brecht, David Boyd, Gretchen Kraemer, Jesse Hornback, Director John Baldwin, Kathy Butler, Kelly Yeggy, Kim Wilson, Linda Brundies, Mary Ann Gibson, Neil Fagan, Ron Berg, Steve Hoffman, Terry Rickers, Tom Eachus, Virgil Gooding

Legislative Representation: Representative Julian Garrett

Facilitator: Donna Richard-Langer, Iowa Department of Human Services

DHS Staff: Karen Hyatt

Other Attendees:

Anna Hyatt-Crozier	House Democratic Caucus Staff
Bill Freeland	House Democratic Caucus Staff
Cathy Engel	Senate Democratic Caucus Staff
David Higdon	Polk County Health Services
Deanna Triplett	Iowa Behavioral Health Association
Jan Jordan	Iowa Medicaid Enterprise
Jen Harbison	Department of Human Services
Kelly Meyers	Iowa Health Care Association
Kim Gehling	Delaware County Case Management
Linda Hinton	ISAC
Peggy Petlon	Delaware County Community Services / CPC
Rachele Hjelmaas	Legislative Service Agency, Legal Division
Ronda Bennett	Department of Inspections and Appeals
Zeke Farley	House Democratic Staff

Agenda

- Introduction of members, guests, co-chairs and facilitator
- Review of meeting five recommendations
- Materials meeting minutes, documents, etc. on the website: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>
- Tasks: Identification of other promising reforms related to mental health and the
- Judicial System
- Presentations by Chief Judge Thomas Bower, First Judicial District
- Presentation by Judge Rickers
- Group Discussion
- Initial Recommendations
- Public Comment

Review of all Recommendations to Interim Committee

Review of meeting and follow-up tasks:

The following bullet point from page 6 in the October 6th minutes needs to be added to the recommendations. *The Iowa Code should be changed as the current code does permit placement without acceptance from the facility.*

Task: Identification of other promising reforms related to mental health and the judicial system.

Presentation by Chief Judge Thomas Bower, First Judicial District

- Black Hawk County is in its second year of operating a mental health court named Equinox. The court was established with funding through a federal Edward Byrne Justice Assistance grant and American Recovery and Reinvestment Act. The amount of the grant is \$149,000.00.
- Judge Thomas Bower, who oversees the Black Hawk County drug court, volunteers his time toward the mental health court.
- The mental health court is a collaborative program with the Black Hawk District Court, the 1st Judicial Department of Adult Probation, Black Hawk Grundy Mental Health Center, NAMI, local attorneys, and other county agencies.
- There are 24 individuals currently being served by the court and the program has the maximum capacity of 30.
- To be selected for the mental health court, an individual has to have the diagnosis of a bi-polar or schizoaffective disorder. The individual also has to commit to medical compliance.
- Specialty courts operate with more hands on involvement of the team.
- While the Chief Judge has the ultimate veto power, all decisions are made collaboratively.
- The key to the program is that it is built on trust and positive rapport with all involved. Family involvement is encouraged.

- A probation officer is assigned to the Equinox court, supervises the offenders and conducts case management like activities with the participants. All participants are on probation for two years while involved with the court.
- The members of the Equinox team have access to a varied training including hostage negotiation, drug addiction, domestic violence, crisis intervention, and de-escalation.
- The goal is to help the offender become successful and to save the system money.
- The number of bed stays for the participants in the Equinox program is basically non-existent after they entered the program.
- The Equinox program is incentive based and participant buy-in is essential for success. Examples given included adaption or curfew extension and visitation plans.
- There are times when the charge can be taken off a person's record.
- The mental health court is described as creating a ripple effect in the community. Judges are starting to ask about mental illness and want to be educated on mental health issues. Attorneys are more aware of mental health issues and this has been credited to the strong partnerships with Black Hawk Grundy Mental Health Center's, Executive Director Tom Eachus and his dedication to the court and members from NAMI.
- Judge Bower believes everyone has been touched by mental illness and it is important to break down barriers and integrate people into the community, and to change the community perspective on mental illness and criminal behavior.

Discussion of Workgroup

- The question was raised about how Equinox helps participants with medical compliance. *The Equinox team tracks the medication trail for the participants, knows where they are receiving medication, checks with the pharmacist and establishes a medical box. If the person lives in a residential facility they may have supervised medication requirements but this is not a general rule of the court.*
- A question on whether the Equinox participants live independently. *Out of the 24 participants, three live in a group home setting and the majority live with other relatives and a few live independently. Regardless of where the participant lives one of the goals is to repair family relationships.*
- Equinox is modeled after the Seattle program (described in a PowerPoint presentation: http://www.dhs.state.ia.us/docs/MHC_WebinarFINAL_10-12-2011.pdf) and also the Idaho Falls program. Equinox staff traveled to Idaho to review their program and received technical assistance.
- A statement was made that the Equinox approach appears holistic and positive. The question of whether other people with different diagnosis other than bi-polar and schizoaffective disorders were taken into the program. *Initially the court did take a variety of diagnosis but changed its policy to only work with the two in order to have maximum impact. This is also fashioned after the Idaho model.*
- The question of why Equinox is housed at the district judge level and not at the district associate judge level was raised. *At the district judge level felonies are*

handled and the district associate judge handles misdemeanors. The decision was made to work with felony level crimes.

- Judge Bower volunteers approximately eight hours per week to the mental health court.
- A question was asked about the seriousness of the felonies of the Equinox participants. *Examples were given of a participant who had a violent history with domestic abuse, had injured a spouse with a hatchet, broke out windows at a hospital with a baseball bat, and tried to set an apartment on fire although once on medical compliance was appropriate for the program. Another example was of a person with chronic substance abuse and a history of theft.*
- A question was asked about the people under civil commitment and tracking whether there is a decrease in crime. *Equinox is a new program and just graduated its first participant eight months ago. The court will be tracking recidivism rates.*
- Question on funding and renewal was raised. *The court will be talking with the legislatures about the benefits of Equinox and asking for continued funding. The grant was renewed for a third year.*
- A question was raised regarding waiting lists and if people are screened for services while waiting. *There are approximately 15 people waiting at the current time. The probation officer meets with these individuals and encourages compliance and medication treatment.*
- A question was raised on age requirement of the participants and if there is mentoring available for the Equinox graduates. *There is not an age requirement and the current range is 20 to 59 years of age. Graduates are able to remain in touch with the team members.*
- The facilitator asked if there was a recommendation wanted for mental health courts. Discussion continued.
- Judge Bower reiterated that courts can be developed with very little cost if the judge is willing to volunteer his/her time, if the corrections department is willing to assign someone to the court, and if there is a partnership with a community mental health center or like entity that can be staffed at the court house.
- Training is seen as essential to success.
- Legislative language needs to be created to encourage mental health court development. When legislative language was created for youthful offender programs, detour programs and drug courts, the language helped jumpstart the creation of the program. The language addition is seen as a first step in a commitment that mental health courts are a positive idea.
- Mental health courts are labor intensive for the judge and probation officer. The Equinox probation officer does random home checks on a 24 hour schedule; the clients have high level of needs.
- The question was asked about the cost of housing people in prison compared to the cost of participating in a mental health court, and what are the rural models for areas with sparse populations where judges rotate through the area to provide service. *An estimate is that it costs \$35,000 minimum to house a person in prison and mental health needs within the prison add to this cost. A rural model might be difficult given the time constraints and necessary time commitments for the process to be effective.*

- A question was raised on community support in Black Hawk County. *Black Hawk Grundy Mental Health Center was referenced as a strong and participating partner and has provided resource support.*
- A question was raised on whether or not random UA drops were conducted. *Random UAs are conducted and participants wear a sweat patch when traveling to indicate whether they have used substances.*
- Judge Bower mentioned that mental health commitments are up 35 to 40% in the past decade and he feels there needs to be more beds available and more training for everyone working with the court.

Presentation by Judge Rickers

Judge Rickers felt that Judge Bower gave a thorough overview of mental health courts and wanted to add only a few key points.

Reference of the required reading: Mentally Ill Offenders in the Criminal Justice System on the Seattle Municipal Mental Health Court (page 11) titled “Center for Alternative Sentencing and Employment Services:”

- Mission is to increase the understanding and use of community sanctions that are fair, affordable and consistent with public safety
- Youth Avenues to Independence (ATI) Services
- Adult Behavioral Health ATI Services
- Felony Programs
- Misdemeanor Programs

Also from the PowerPoint on page 7 the slide entitled “Teams within Seattle Municipal Mental Health Court and King County District RMHC:”

- Consistency in assignment is key.
- Regularly assigned judge, prosecutor, defense attorney, social worker, mental health professional (court liaison or court monitor) and probation staff with mental health training.
- Discussed attorney education and the importance of understanding how mental illness has impacted the behavior causing the person to enter the judicial system. The more awareness on the impact of the mental illness and symptoms helps with the recommendation and ongoing referral process.
- Individuals must have either a DSM Axis 1 or 2 level diagnosis to fit within the framework of the King County model. The King County model has services as a condition of sentence.
- King County courts track true diversion of minor offenses and disorderly conduct. Charges can be put on hold based on charged and dropped based on criteria.
- Equinox currently does not do this as they do not service DSM Axis 1 individuals. Woodbury County’s mental health court provides services to people in the misdemeanor category. Seeing individuals on the misdemeanor category is seen as a second track service).
- Project Compass is an intensive case management program in Woodbury County, Iowa.

Public Comment

Comment: An example was given of living in the 1st Judicial District in a rural county, one hour from Dubuque and two hours from Waterloo and how this travel distance does impact the ability to access services. There is a group in NE Iowa that has developed a plan to access services which includes eight counties and yet the population count doesn't come close to meeting the proposed regional requirement of a minimum of 200,000 people. Has concern that while social service agencies may be willing to collaborate there may not be the same cooperation among the county Board of Supervisors. The mental health court, if created within each judicial district or region, would need to be accessible to all counties within that region.

Comment: A comment was made regarding Judge Bower's passion for the mental health court and the people served. It is believed without similar passion the court would not materialize in other areas. It was stated that counties need to determine what makes sense to them regarding the components of core services. Would like to see a broad brush core overview and let the local agencies determine the elements within the core. Would like to see the term therapeutic court added to the used workgroup language and would recommend less prescriptive recommendations.

Comment: Information was given on a pilot project to review mental health court curriculum (a road map to create mental health courts) through the Council of State Governments. PCHS is going to participate in the pilot and have the opportunity to prepare feedback on the curriculum. It includes eight webinar sessions, 22 hours of critique of the module plus homework. It includes court, community corrections, mental health providers, consumers, and PCHS staff for a total of 16 participants. A workgroup member requested the addition of a cultural diversity representative if there was not one already in the group of 16.

Workgroup Discussion

- The addition of mental health courts as a subset under the Jail Diversion recommendation to be a core service.
- Discussion on diversion vs. condition of sentence (condition of a guilty plea vs. the avoidance of a plea). Also called Track 1 and Track 2.
- Co-occurring issue involving substance abuse and mental health in relation to mental health courts.
- Recommendation to use the language from the adult workgroup of "justice involved services". Therapeutic Court term also discussed.
- Recommendation to consider the minimum of one mental health court per district. Discussion on which district, mental health region, judicial district, etc.

- The recommendation to ask the legislature to allow a mechanism for counties (in particular border counties) to contract for services in another state for court commitment and bed placement. Discussion followed on how to add language and whether it would be a 221 compact which would allow Iowa border counties to find bed placement across state lines and how the Iowa court system interfaces with interstate compact agreements. 28E agreement between a county and private hospital and/or agency might be a possibility.
- The legislature needs to consider funding the cost of new services to save dollars in the future. Core services need to be seen as an investment and not a cost shifting.
- An advocate is appointed when the attorney withdraws from an adult case. The attorney is the preferred advocate for juveniles.
- No change to chapter 125 regarding the placement of a mental health advocate because with the substance abuse committal it is shorter term and once the substance is out of the person's system, it usually allows for their clarity to return.
- RCF contact information (RCFs that started as county facilities that have changed their funding focus) submitted by workgroup member and will be shared with the adult workgroup. A copy has been mailed to Representative Heaton.
- The chair discussed the specific charge the judicial workgroup was given by the legislature last year. Identified specific issues pertaining to 229 and the process. Asked if the group was willing to continue to work on the issues.
- There were 58 suggestions identified by the work group last year to improve the commitment process found in Chapter 229, but little consensus was reached. Some of those issues are covered by recommendations agreed to by the work group this year. Once the final report of the work group required by SF 525 is completed, the work group is willing to reconvene to review the unfinished business of last year's work group. System mapping report discussed (68 pages).
- Update given on the NE Iowa crisis stabilization project in Decorah.

Recommendation:

Justice related/involved services needs to be a core service. This includes:

1. Specialty training for Law Enforcement and Department of Corrections personnel similar to that provided in Crisis Intervention Training (CIT) or Mental Health First Aid.
2. Mental Health Court including both Diversion and Condition of Sentencing models.
3. Jail Diversion Program. (Including all elements identified previously)

Review of all other Recommendation to the Interim Committee

JAIL DIVERSION RECOMMENDATION: (MEETING # 3)

- ***Addition of the word Specialty:*** *Specialty Training for law enforcement and Department of Corrections personnel similar to that provided in CIT or Mental Health First Aid.*

- Pre-Arrest: The goal prior to arrest is to keep the individual out of the system.
- Single point of contact for pre-arrest, post-release and pre-release.
- ***Change in wording:*** *Assess the level of assault utilizing mental health criteria for alternative placement.*
- Discharge Planning: Assistance with housing, medicine and employment.
- Sub-Acute level of care: 23-hour type of model that directs people to the right level of care.
- Cost Avoidance: Must assist the population on the front end.

ROLE, SUPERVISION AND FUNDING OF MENTAL HEALTH ADVOCATE RECOMMENDATIONS:
(MEETING # 4)

Recommended additions to those currently identified include:

- *In 229.19 change the wording from legal settlement to residency.*
- *Advocates will be appointed to individual cases based on where the individual resides or at the discretion of state authority.*
- *An advocate can be placed in cases of dual commitment.*

Public Comment:

Comment: Delaware County Hospital won't allow a 23 hour stabilization bed without funding. The pilot projects in Dubuque and Decorah are utilizing a peer support specialist. Local hospitals won't do doctor to doctor and this can stall the system for eight hours or more. There is an acute bed liability when there is not a psychiatrist on staff.

Comment: The workgroup has done a great job working through the difficult issues. Believe the therapeutic justice initiatives are positive.

Adjourn

For more information:

Handouts and meeting information for each workgroup will be made available at:
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.