

# #NAMIcon16

## Restoring Individuals Safely and Effectively (RISE): Colorado's Jail-Based Competency Restoration Program

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# Arapahoe County Detention Center Opened in November 2013 with 22 Beds



# Setting The Stage

- Increased Forensic Commitments
- Limited Hospital Beds
- Growing Waiting Lists
- Alternatives to Hospital Restoration



# Growth of Jail-Based Restoration

- No Programs Ten Years Ago
- Now 8 Programs with Competency Restoration Services
  - CO, CA, GA, TX, VA, AZ, FL, TN, LA
- Vary in Scope, Operations Service Model





## ADVANTAGES

- Time Saved Waiting for Bed
- Individual Closer to Family & Counsel
- Continuity of Care Including Formulary
- Cost-Savings

## OPPOSITON

- ? Therapeutic
- ? Adequate Mental Health Care
- ? Victimization
- ? Separation Evaluation & Treatment



# National Judicial Colleges' Mental Competency-Best Practices Model

Recommendations	RISE
Mental Health Pod	Yes
Separate from General Population	Yes
Mental Health Nurse Practitioner	Yes
Restore Less Than 120 Days	Yes
Notify Court As Soon as Restored	Yes
Treating Physician or Primary Treatment Provider Determines Treatment Regimen	Yes
Evaluating Mental Health Professional Develops Competency Restoration Treatment Plan	Yes
Psychoeducational Training if Cognitive Disorder or Developmental Delay	Yes



# Suitable Candidates

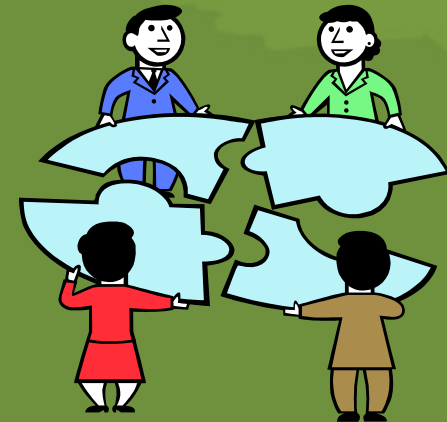
- Not an Imminent Danger to Self/Others
- Likely to be Restored in 60 Days or Less
- Medication and Treatment Compliant
- Motivated
- Medically Stable
- Not Significant Risk Self-Neglect





# RISE Team

- Patient
- Program Director
- Psychiatrist
- Psychiatric Fellow
- Psychologist
- Social Worker
- Recreation Therapist
- Registered Nurse
- Reentry Specialist
- Peer Specialist
- Office Coordinator
- Psychology Practicum Students
- ACSO Deputies





# Model



- Multidisciplinary Team
  - Including Re-Entry Specialist & Peer Specialist
- Extension of Hospital
- Trained Deputies
- Separate Assessment & Treatment
- Prompt Notification if Appear Competent
- Open Formulary



# Program Basics

- Day Treatment Program
  - Monday through Friday
  - 8:00 a.m. – 4:00 p.m.
  - Weekend and After Hours
    - Psychiatrist on-call
    - Program Director/Psychologists on-call
- 2 Treatment Units
  - RISE 1 - 22-beds
  - RISE 2 – 30-beds (opening approx. 8/1/16)
    - Temporary 16-bed unit (opened 2/1/16)
- Orientation Program
- Incentive Program



# Restoration Program

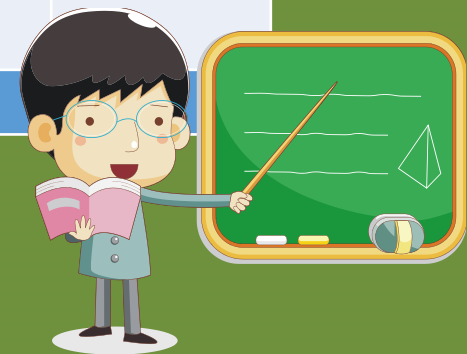
- Utilizes CompKit
- Competency Groups
  - Factual knowledge
  - Rational Decision Making
  - Mock Court
- Psychotherapy Groups
  - CBT, DBT/Coping Skills, Social Skills, Anger Management, etc.
- Individual Sessions once per day
- Specialized Behavioral Programs/Incentive Plans
- Individualized Treatment Plans
- Competency Screenings
  - Referral to State Evaluators



# RISE Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Group 1	Illness Management	Pathways to Recovery	Community Meeting	Medication Education/ Management	Team Solutions & Recovery
Group 2	Competency Group	Mock Court	Rational Decision Making	Competency Group	Competency Games
Group 3	Co-Occurring Disorders & Relapse Prevention	Coping Skills	Solutions for Wellness	Stress Management	Stress Management
Group 4	Anger Management	Social Skills	Cognitive Behavior Therapy Group	Special Topics	Social Skills

\*Each client has at least one individual contact per day.



# RISE – Clinical Teams

## Team 1

- Psychologist
- Social Worker
- Re-Entry Specialist

## Team 2

- Psychologist
- Social Worker
- Re-Entry Specialist

## Team 3

- Psychologist
- Social Worker
- Re-Entry Specialist

2 – Psychiatric Nurses

1.5 – Psychiatrists

2 – Recreation Therapists

1 – Peer Support Specialist



# ACSO Partnership

- Specially assigned ACSO Deputies
  - Deputy Training with Team
  - Behavioral Consultation
    - Clinical staff and deputies
- ACSO Support
  - Disciplinary Action
    - Alternative interventions/response:
      - Treatment
      - Behavioral Programs/Incentives
      - Tolerance of Mental Health Symptoms
      - Coaching in milieu
      - Positive Reinforcement
  - Program Needs



# Stakeholders Meeting

- Held Quarterly
- Well attended
  - NAMI, Sheriff Department personnel from local area jails, criminal defense attorneys, CMHIP, mental health staff from local area jails, court personnel, public defenders office, etc.
- Agenda
  - Outcome data
  - Progress
  - Updates
  - Staff Presentation
  - Questions







November 12, 2013 – May 25, 2016

<b>Total Number of Patients Served</b>	<b>256</b>
<b>Total Number of Patients Discharged</b>	<b>221</b>
<b>Average Length of Stay for patients restored</b>	<b>51 days</b>
<b>Discharged as Competent &lt; 60 days</b>	<b>76%</b>
<b>Discharged as Competent &lt; 90 days</b>	<b>90%</b>
<b>Medication Compliance</b>	<b>99%</b>



# RISE Admissions & Discharges

November 12, 2013 – May 25, 2016

	Admitted	Restored	Transferred to State Facility	Other	Total Discharge
Adams	15	7	3	4	14
Arapahoe	26	18	4	0	22
Boulder	21	18	2	0	20
Broomfield	2	1	0	0	1
Denver	90	50	22	7	79
Douglas	5	3	0	0	3
El Paso	17	7	3	1	11
Jefferson	27	18	4	2	24
Larimer	28	19	2	4	25
Weld	25	17	3	2	22
<b>Total</b>	<b>256</b>	<b>158</b>	<b>43</b>	<b>20</b>	<b>221</b>



# Advocacy, Peer Support, and the Patient Experience

Renay Miller

Peer Support Specialist

RISE



# Peer Support & Advocacy at RISE

- Available to all patients
- Bridge for RISE staff and Deputies
- Participation in multi-disciplinary treatment team
- Peer-run groups
- Co-facilitation of psychotherapy groups
- Individual and small group meetings
- Utilization of peer support for specific treatment interventions



# Peer Support and Forensics

- Few resources for Forensic Peer Support
  - Unique model for treatment
- Advocacy and focus on enhancing therapeutic environment
  - Jail culture vs. therapeutic milieu
  - Inmate or patient?
- Increased stigma
- Material restrictions
- Time limitations
- Job satisfaction
  - Opportunity for significant impact
  - Increased need for self-care



# Benefits of Peer Support

## Patients

- Trusted Alliance
- Role-model healthy boundaries and wellness
- Advocacy
- Stigma-busters!
- Educate, inform, and empower
- Bolster underlying focus on Recovery
- Personal experience with community resources

## Staff

- Support therapeutic rapport
- Example of recovery
- Inform with lived experience
- Insights on individual & community needs and concerns
- Resources known to peer
- Collaboration on patient goals
- Educate on recovery language and culture



# RISE Patient Experience

- Comprehensive treatment program
- Therapeutic community
  - Influence of open admissions
- New experience with authority/law enforcement
- Shared decision-making





# Patient Testimonials

“She is just like me. How you may ask. She is a recovering addict. Just like the rest of us. On top of all that, she has a mental illness. So it gives me hope. To see her in a positive role. I just wish they had someone in the jail when I was there before. I might have known a lot more about myself. When she does Pathways to Recovery and helps us with things we need to make it in life. So I would like to say if you have a Renay in your life, keep them close because you may need a peer specialist just like Renay.”

“I tell you the past is the past and now I’m on to bigger and better things. I can believe my inner self now and my instincts about things, yes my time has payed off I will never forget the RISE program all of the staff are so great.”

“There should be a RISE program in every jail to help convicts out with competency it feels real good to be competent and to know all about what a character witness is how may juries there are in a jury trial and what a bench trial is.”

“Thank you all for being so kind, even after knowing my charges. I know I have ton of hoops to jump through, but do know I am going to make it. I have to prove I actually do care about myself and everyone around me, which I didn’t do in the past, again thank you!!”



# RISE Impact

- Mental illness within corrections
  - Dignity & Respect
  - Normalizing the illness
  - Reducing stigma
- Creating healthier members of communities who may be tomorrow's advocates and leaders



# Advocacy

- Waiting lists for restoration across many states
- Jail-based restoration dependent on state statutes
- Admissions controlled through state forensic services
- Advocate to state mental health/forensic services and legislature for alternatives to hospital restoration



# Summary

- Jail-based restoration provides increased access to care
- Jail-based restoration can be effective and therapeutic
- Peer specialists are a beneficial addition to competency restoration programs



# Thank you!

## *Questions?*

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