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

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Leah Wallerstein, Psy.D. Director of Forensic Programs, RISE
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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

OPPOSITION
• ? Therapeutic
• ? Adequate Mental Health Care
• ? Victimization
• ? Separation Evaluation & Treatment
## National Judicial Colleges’ Mental Competency-Best Practices Model

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

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

*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

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Number of Patients Served</td>
<td>256</td>
</tr>
<tr>
<td>Total Number of Patients Discharged</td>
<td>221</td>
</tr>
<tr>
<td>Average Length of Stay for patients restored</td>
<td>51 days</td>
</tr>
<tr>
<td>Discharged as Competent &lt; 60 days</td>
<td>76%</td>
</tr>
<tr>
<td>Discharged as Competent &lt; 90 days</td>
<td>90%</td>
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<tr>
<td>Medication Compliance</td>
<td>99%</td>
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### RISE Admissions & Discharges

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

“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!!”

“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.”

NAMI National Convention

Denver. July 6-9, 2016
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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