

**Legislative Oversight Committee Concerning the  
Treatment of Persons with Mental Illness in the  
Criminal and Juvenile Justice Systems**

**Members of the Committee**

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# Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

## Committee Charge

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Senate Bill 14-021 reauthorized the establishment of a legislative oversight committee and an advisory task force concerning the treatment of persons with mental illness in the criminal and juvenile justice systems.

The oversight committee is responsible for the oversight of the advisory task force and recommending legislative changes. The advisory task force is directed to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the criminal and juvenile justice systems, including the examination of liability, safety, and cost as they relate to these issues.

The authorizing legislation directs the advisory task force, after July 1, 2014, to consider, at a minimum, the following issues:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system;
- medication consistency, delivery, and availability;
- best practices for suicide prevention, within and outside of correctional facilities;
- treatment of co-occurring disorders;
- awareness of and training for enhanced staff safety, including expanding training opportunities for providers; and
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems.

The legislation authorizes the advisory task force to work with other task forces, committees, or organizations that are pursuing policy initiatives similar to those listed above. The advisory task force is required to consider developing relationships with other groups to facilitate policy-making opportunities through collaborative efforts.

The advisory task force is required to submit a report of its findings and recommendations to the legislative oversight committee annually by October 1. The oversight committee is required to submit an annual report to the General Assembly by January 15 of each year regarding the recommended legislation resulting from the work of the task force.

## Committee Activities

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### History

The advisory task force and legislative oversight committee first met in the summer of 1999. In 2000, the advisory task force and oversight committee were reauthorized, and the reestablished task force met on a monthly basis through June 2003. The General Assembly considered legislation to continue the study of the mentally ill in the justice system beyond the 2003 repeal date, but the bill failed. In FY 2003-04, the advisory task force continued its meetings and discussion at the request of the oversight committee. The advisory task force and

oversight committee were reauthorized and reestablished in 2004 through the passage of Senate Bill 04-037 and again in 2009 with the passage of House Bill 09-1021. The oversight committee was subject to Senate Bill 10-213, which suspended interim activities during the 2010 interim. During the 2014 legislative session, the advisory task force and legislative oversight committee were once again reauthorized and reestablished by Senate Bill 14-021. The oversight committee and advisory task force are set to repeal on July 1, 2020.

## **Advisory Task Force**

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The advisory task force met monthly in 2015. The advisory task force received regular updates from various task force members on efforts to address data and information sharing, housing, and a medication consistency formulary, as those topics relate to persons with mental illness who are involved in the criminal and juvenile justice systems. Additionally, the advisory task force heard a presentation about the Behavioral Health Needs Analysis, and monitored legislation addressing juvenile competency. Finally, the advisory task force held an all-day retreat to focus on the study issues of the advisory task force, where housing and juvenile competency and restoration were determined to be the two priority issues for the task force.

**Behavioral Health Needs Analysis.** In August, Dr. Patrick Fox, Chief Medical Officer, of the Department of Human Services (DHS), briefed the task force on the Behavioral Health Needs Analysis. The Office of Behavioral Health (OBH) in the DHS conducted a study of existing behavioral health resources in the state and to project future needs. The intent of the study was to identify and assess existing state and community resources and to recommend strategic future planning, taking into account the many constituent variables associated with the changing behavioral health care system. The Western Interstate Commission for Higher Education Mental Health Program, in partnership with the National Association of State Mental Health Program Directors Research Institute and Advocates for Human Potential, formed a team of Colorado and national behavioral health experts to complete this study for OBH.

The analysis made recommendations concerning the following topics:

- the Governor's plan to strengthen Colorado's behavioral health system;
- service needs, including the current need, by region and by select demographic groups, and the projected need, based on population forecast data;
- aligning and maximizing OBH resources and payer sources;
- regional behavioral health service distribution;
- Colorado mental health institutes;
- community integration;
- telehealth;
- housing and employment;
- peer mentors, recovery coaches, and family advocates;
- individuals with mental illness who are physically compromised;
- behavioral health services delivery for specific populations;
- whole health integration;
- legal marijuana and prescription drug abuse;
- drug possession sentencing reform; and
- Medicaid expansion.

The full analysis can be viewed at:

<http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251662741340>.

**Housing issues.** The advisory task force conducted an all-day retreat on September 25, 2015, to provide focus on the study issues outlined in state law for the advisory task force to address. Small group discussions of priority issues occurred. One of the priority issues identified for the coming year was housing. The following action steps to address housing issues were identified:

- conducting a review of prior legislation run by the oversight committee concerning housing;
- convening an initial meeting with stakeholders within and outside of the advisory task force to develop a housing focus group;
- researching a Lean event, a process used to determine actionable items for focus for the housing focus group; and
- determining areas for legislative action on the part of the oversight committee or other action.

**Juvenile competency.** For several years the advisory task force has discussed issues concerning juvenile justice and the standard for measuring competency in juveniles. In 2015, House Bill 15-1025, concerning competency to proceed for juveniles involved in the juvenile justice system, was introduced on the recommendation of the advisory task force and oversight committee. The bill was postponed indefinitely in the House Judiciary Committee. Throughout the legislative session, the advisory task force monitored the progress of the bill, and discussed how to proceed with the bill in the future.

At the September 25, 2015, retreat a small group was convened to address juvenile competency and restoration. Concerning these topics, the following action steps were identified:

- convening a group to review adult and juvenile competency statutes;
- conducting a formal needs assessment about data collection concerning existing restoration services and processes
- reviewing statutes concerning management plans for youth and exploring funding for management plans;
- standardizing a curriculum for restoration for both juveniles and adults;
- exploring funding for both inpatient and outpatient restoration services;
- standardizing qualifications for professionals delivering restoration services;
- understanding the existing backlog for competency evaluations;
- updating the advisory task force's statutory areas of study to include restoration services; and
- determining areas for legislative action on the part of the oversight committee, or other action.

### **Legislative Oversight Committee**

The legislative oversight committee met three times in 2015 to monitor and examine the work, findings, and recommendations of the advisory task force. Specifically, the committee:

- received updates on the activities of the advisory task force;
- heard presentations from Project EDGE, The Link, and Arapahoe House; and
- considered legislation.

**Advisory task force updates.** The oversight committee received three updates from members of the advisory task force about recent activities of the task force. The following topics were addressed during those updates:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system, including efforts of the Department of Health Care Policy and Financing to establish a Housing First model to provide wrap-around services when someone exits the criminal justice system, and the action steps identified at the September 25, 2015, retreat related to housing issues;
- medication consistency, delivery, and availability, including the efforts of the Behavioral Health Transformation Council to establish a statewide formulary for psychotropic medication for criminal justice and public health facilities;
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems, including discussion of the Colorado Children and Youth Information Sharing Initiative;
- recidivism, including discussion of the focus group being conducted in 2015 by the advisory task force to identify the challenges in defining recidivism and severe mental illness, and a U.S. Department of Justice's Bureau of Justice Assistance grant received by the Department of Public Safety related to information sharing to reduce recidivism; and
- juvenile competency and restorative services, including further study of these issues as outlined in the action steps identified at the September 25, 2015, retreat.

**Project EDGE.** Bill Myers, Chief Community Engagement Officer for Project Early Diversion, Get Engaged (Project EDGE), and Charlie Davis, Community Crisis Connection Program Manager for Project EDGE, provided the oversight committee with information about Project EDGE, which is a pilot program in Boulder County that aims to divert individuals who have behavioral health issues from the criminal justice system, and instead engage them in appropriate treatment. The program is funded through a three-year grant from the federal Substance Abuse and Mental Health Administration, and is one of three sites nationwide to receive this early diversion grant award. The program costs are about \$525,000 per year, covered both by the federal grant and by Mental Health Partners. Through the program, mental health professionals engage with law enforcement officers in Boulder County to provide diversion services when an incident occurs. Peer support specialists who are involved in the program follow up with the clients to provide support and guidance.

**The Link.** Lonnie Matz, Program Manager for The Link, provided an overview of the organization, which is a community assessment and resource center for youth and families that serves Adams and Broomfield counties. The Link uses evidence-based assessment tools to determine services for youth for mental health; substance use; and school, behavioral, and family concerns. The types of services recommended to youth and families varies depending on individual needs. These services may include, but are not limited to: drug and alcohol intervention; mental health services; life skills training; tutoring; mentoring; aggression and anger management; relationship building; communication in the home; and parenting support. Staff will also assist families in meeting basic needs such as long-term shelter, utilities, food, medical care, and transportation in an effort to create a stable living environment.

**Arapahoe House.** Michelle Flake and Caroline Chadima, representing Arapahoe House, presented to the oversight committee. Arapahoe House provides a continuum of both inpatient and outpatient services for individuals and families with alcohol, drug, and other behavioral health problems. The presentation highlighted the Short-Term Intensive Residential Remedial Treatment (STIRRT) Program, which is a nine-month program. The program begins

with two-weeks of residential treatment that includes over 100 therapeutic hours during the residential stay, and eight to nine months of continuing care services that include continued group education, therapy, and ancillary services that the offender may need to help ensure success. The program is designed specifically for substance-abusing adult offenders who have at least one prior felony conviction; are facing jail or prison time if not compliant with the STIRRT Program; and meet other treatment and supervision criteria. The STIRRT Program is funded through the OBH, and is typically court-ordered.

***Draft bills not approved by the committee.*** The oversight committee did not approve two bills drafted for its consideration. One would have included post-traumatic stress disorder as a covered workers' compensation disability for certain public safety professionals, while the other would have created a grant program in the DPS to provide local law enforcement agencies with funding to hire mental health professionals. A bill to address juvenile competency was withdrawn at the oversight committee's October 29, 2015, meeting.

### **Committee Recommendations**

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As a result of committee discussions and deliberation, the Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems recommends the following bill for consideration in the 2016 legislative session.

***Bill A – Mental Health and Collaborative Management Teams*** – The bill adds mental health professionals to the list of persons that must be included in any memorandum of understanding established as a means of promoting a collaborative system of local-level interagency oversight to coordinate and manage the provision of services to children and families, and entered into by between county departments of human or social services and other local-level service providers.