Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems (MICJS)
Legislative Oversight Committee Meeting Responses from Tuesday, August 18.

Request 1: Oversight Committee requested like an outline of next steps for the medication consistency work and if there is an opportunity for potential legislation or any pilot considerations.

Medication Consistency Work group has provided the formulary for review. (See Attached Formulary).

Next Steps:
The last MICJS update regarding the work of the medication consistency workgroup reports that the group has completed the work on the formulary. The group will now be looking at the implementation phase. This will include looking at how to purchase medications on a broad scale to be available to jails and prisons. The group had a call with the Washington State to learn about a similar project there. MICJS members discussed the need for offering involuntary medications in jails and the complications clients face with not getting the needed treatment until their hearing and medications potentially impacting the outcome of the hearing.

The members met this morning and have identified areas of consideration and next steps for purchasing. On Oct 19th a larger meeting will convene to discuss options, benefits and costs. A plan to include Colorado Purchasing Office and CCI to the meeting is anticipated.

Request 2: Oversight Committee requested for recidivism rate for Department of Corrections (DOC), Division of Youth Corrections, and jails.

Colorado Department of Corrections Recidivism Rate:
Offenders returning to a Colorado prison within 3 years of release for either a technical violation or a new crime is reported as Forty Eight percent (48%) in 2010.
In 2008 a common definition for parole, probation, and non-departmental community placement was adopted across these settings.

Colorado Department of Corrections 2013 Statistical Report:
https://drive.google.com/file/d/0B8WLSXAb0Mg8cUNydkdCVnAzbXM/view?usp=drive_web

Colorado Department of Human Services: Division of Youth Corrections:

Pre-Discharge Recidivism: A filing for a new felony or misdemeanor offense that occurred prior to discharge (while the youth is under DYC supervision) from the Division of Youth Corrections.
Post-Discharge Recidivism: A filing for a new felony or misdemeanor offense that occurred within one year following discharge from the Division of Youth Corrections.

Thirty-four percent (33.9%) of youth discharged in FY 2009-10 received a new felony or misdemeanor filing within one year following discharge from the Division post-discharge recidivism.

Division of Youth Corrections Recidivism Evaluation of Committed Youth Discharged in Fiscal Year 2009-10
http://www.colorado.gov/cdhsdyc/Resources-Publications/Recid2012.pdf

Jails:

The Mental Illness Criminal Justice Task Force formed a data and health information workgroup that has developed and vetted the attached questionnaire and will be conducting region focus groups in collaboration with Colorado Regional Health Information Organization (COHRIO).

The purpose of these focus groups are to answer key questions regarding recidivism rates, jail based screening and treatment services as county systems have various processes and services in each region. See Attached MICJS Draft Focus Group Questions.

Question 4: Strategies for improving access to Rural Mental Health and addiction treatment services.

Key Recommendations from the Office of Behavioral Health Needs Analysis completed in 2015 by the Western Interstate Commission for Higher Education include the following strategies for improving rural mental health treatment services:

Telehealth:

- Used to connect patients and providers and to reduce costs.
- Telehealth has been found to be a cost-effective delivery method for prevention, early diagnosis, treatment, and care coordination.
- Telehealth can assist in solving access to care issues in rural and frontier areas, in underserved communities, for individuals with mobility issues, and to provide specialty care that is not widely available.

Primary care integration:

- Primary care providers in rural/frontier areas have to be trained to function independently.
- Integrating behavioral health services into primary care can help reduce stigma associated with seeking behavioral health services in small communities.
- Training for existing providers to deliver behavioral health services to leverage existing services would be beneficial. Colorado has a grant to expand Mental Health First Aid training. Such training heightens awareness of mental illness and can help rural/frontier communities and families identify when individuals are struggling.

Prevention and early intervention:

Funding for prevention and early intervention has the potential to help today and into the future.

Peer support services can be used to assist with community-based recovery and re-integration supports for both mental health and substance abuse and could be a valuable resource for tribal communities. Such supports were cited as a gap across all regions.

Question 5: Outcome measures and tracking youth entering the juvenile justice system and the connection to early childhood services.

The **Colorado Opportunity Project** supports low-income Coloradans with economic opportunities for upward mobility, and a pathway to the middle class that ends their reliance on safety net programs. State agencies are aligning their efforts to deliver evidenced-based programs to Coloradans to help move them up the economic ladder and towards self-sufficiency. The alignment of government programs eliminates fragmentation among state agencies, reducing duplication of services and making more efficient use of taxpayer dollars all while providing new economic opportunities to low-income Coloradans.

In 2013, 13% of all Coloradans lived in poverty[1]. The impacts of poverty are significant. Those in poverty are more likely to have complex health conditions, and treating these conditions is expensive. Providing child care and food assistance is expensive. Housing Coloradans in the criminal justice system is expensive.

The Project uses high-quality, cost-effective, evidence-based programs already available in Colorado and improves them with better coordination and well-defined goals and measures, saving taxpayer resources and moving citizens out of poverty and towards independence.

The Colorado Opportunity Project is a collaboration of the Colorado Departments of Health Care Policy and Financing (HCPF), Public Health and Environment (CDPHE), and Human Services (DHS). Key agency initiatives, including 10 Winnable Battles, Two-Generation, and the Accountable Care Collaborative, as well as the Cross-Agency Collaborative on Quality Measurement, are tied together to deliver the Colorado Opportunity Project framework. Representatives from the Departments serve on the **Colorado Opportunity Project.** The Colorado Opportunity Project Framework is a model for creating a pathway to the middle class at every critical point in the life cycle. The model includes **indicators** that tell us whether people are getting closer to economic independence, or losing ground. "Interventions," or **programs**, are applied at each life stage in a cost effective manner to provide opportunities for people to reach these important milestones and climb the economic ladder.

Attached are the indicators and interventions the Colorado Opportunity Project is using to track Colorado's progress in addressing success at every life stage and provide opportunity to improve economic status. The framework paints a picture of the factors that lead to poverty, the impact of poverty on health and well-being, and the interventions that create opportunities for prosperity and a clear pathway to personal responsibility and transitioning up and out of safety net programs.

https://www.colorado.gov/pacific/sites/default/files/Colorado%20Opportunity%20Project%20Fact%20Sheet.pdf

https://www.colorado.gov/pacific/hcpf/colorado-cross-agency-collaborative-reports

Question 6: Provide recommendations on data needs and gaps in data collection.

MICJS subcommittee efforts:

- A BJA grant proposal was submitted on March 10, 2015. We anticipate hearing the results of the application in September 2015. The proposal seeks funds to develop a statewide interagency strategic plan for a justice and health information exchange infrastructure. The structure will facilitate community and criminal justice health provider access to prior assessment and treatment data for continuity of care when offenders transition to different systems. This infrastructure can reduce gaps in service, facilitate evidenced-based treatment, and ultimately reduce recidivism of offenders with serious mental illness. Agencies that receive grant awards may be eligible for

implementation funds of up to one million dollars per year for three years after successfully completing the strategic planning phase.

- If the grant proposal is not funded, MICJS will submit a BJA technical assistance request to seek funds for the strategic planning phase.
- MICJS has collaborated with IJIS Institute to submit the BJA grant proposal. IJIS institute is a nonprofit corporation that provides government agencies technical assistance, training, and support services for information exchange and technology initiatives. They are currently developing a framework for criminal justice and health practitioner technology system exchanges. Once the project is complete, IJIS Institute will provide technical assistance to two pilot sites. This might provide another possibility for strategic planning resources.
- MICJS will continue to seek additional funding opportunities for this initiative.
- The subcommittee is also conducting regional focus groups to answer several key questions. As indicated in Question 2 regarding jails, the data and health information workgroup that has developed and vetted the attached questionnaire and will be conducting region focus groups in collaboration with Colorado Regional Health Information Organization (COHRIO). The purpose of these focus groups are to answer key questions regarding recidivism rates, jail based screening and treatment services as county systems have various processes and services in each region. (See Attached MICJS Draft Focus Group Questions.)

Question 7: Data on Screenings for individuals booked into jails/which jails have this process in place and which do not. Information on Mental health services in the jails.

The Office of Behavioral Health administers the Jail Based Behavioral Services (JBBS) and collaborates with local Sheriff Departments, and local community provider(s) who are currently licensed by the Office of Behavioral Health (OBH) to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release. Most programs have at least a clinician position to offer screenings, assessment and treatment in the jail and a case manager position dedicated to transitional care and a seamless re-entry in treatment services in the community. Treatment providers screen all inmates for presence of substance use disorders, mental health disorders, trauma and traumatic brain injury and identify inmates with active duty or veteran military status.

Currently the following counties have JBBS programs: Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Cheyenne, Clear Creek, Conejos, Crowley, Delta, Denver, Douglas, Eagle, Elbert, El Paso, Hinsdale, Garfield, Grand, Gunnison, Jefferson, Kiowa, Kit Carson, La Plata, Larimer, Logan, Morgan, Montrose, Montezuma, Mesa, Otero, Ouray, Phillips, Pueblo, Routt, San Miguel, Washington, Weld and Yuma.

The MICJS subcommittee anticipates that further data will be collected regarding this issue as part of the focus groups regarding jail recidivism and jail services.

Question 8: Funding for competency evaluations and information on the necessity to file a D&N filed to fund competency evaluations for juveniles.

On Friday, August 28 the task force met to discuss potential juvenile competency legislation and the issues surrounding competency evaluations for juveniles. The task force members agreed that there are several issues surrounding access to evaluation services as well as restoration services. Funding for these competency and restoration services was also discussed and the task force has decided to study

restoration services in the upcoming year and determine if bill that addresses both competency and restoration services could be proposed.

Question 9: Oversight Committee is interested in the percent of individuals that qualify for disability (SSI/SSDI) and the percent of individuals that are veterans.

This request has been submitted to Health Care Policy and Financing's Data Analysis Section. We have received confirmation from our CBMS vendor that we do collect veteran's status. Our data analysis section will complete the analysis by eligibility category for submission to the task force.

Question 10: Recommendation to study PTSD and barriers to workers compensation for Police Departments related to safety of staff. Explore services for behavioral health treatment for law enforcement.

The Task force is meeting to outline our areas of study and project timelines on Friday, September 25th. The meeting will have a facilitator to assist us in identifying specific areas of study and a process for submitting potential legislation to the Oversight Committee.