



PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM - COLORADO'S RESPONSE

By Anne Wallace

Offenders with mental illness present many challenges to criminal justice and mental health professionals. Mental illness is an alteration of thought, mood, or behavior, or any combination thereof, that interferes with some aspect of social functioning. According to data from the federal Bureau of Justice Statistics, about 33 percent of prison inmates and 48 percent of jail inmates suffer from anxiety or mood disorders or serious psychological distress.¹ It is estimated that the prevalence of mental illness among inmates is two to three times higher than the general population.²

Colorado is not immune from the nationwide trend. According to 2016 statistics from the Colorado Department of Corrections (DOC), 39 percent of inmates have moderate to severe mental health needs, an increase from 28 percent in 2010. The Division of Youth Corrections reports that 59 percent of newly committed youths require formal, professional mental health intervention. This *issue brief* outlines Colorado's efforts to address issues associated with persons with mental illness in the criminal justice system.

The Challenge

Diagnosis and treatment for persons with mental illness has changed dramatically in the last 50 years. Mental health disorders are widely recognized, and treatment methods

have shifted from institutionalizing persons with mental illness to providing specialized therapies in a person's home or community. When individuals with mental illness enter the criminal justice system, institutions may be ill-equipped to provide the comprehensive array of mental health services these individuals need. According to one 2015 report, only about 13 percent of state prisoners nationwide are receiving professional mental health therapy.³

Recently, two trends regarding persons with mental illness in the criminal justice system have emerged. The first is a focus on diverting persons with mental illness from jail and prison to treatment programs. The second is providing wrap-around services, especially housing assistance and continuing medical treatment, to inmates who are mentally ill after they have been released to the community. The sections below describes specific reform efforts in Colorado.

Colorado Legislative Initiatives

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems (MICJS). For the past 15 years, the state legislature has been actively investigating the needs of persons with mental illness in the criminal justice system

¹ *Use of Restrictive Housing in U.S. Prisons and Jails, 2011-12.* Bureau of Justice Statistics, October 2015.

² *Statistical Report 2014,* Colorado Department of Corrections.

³ *The Processing and Treatment of the Mentally Ill Persons in the Criminal Justice System.* Urban Institute, March 2015.

through a legislative oversight committee and task force established to advise the committee. Created in 1999 by the General Assembly, the task force has 32 members, growing from an initial membership of 19, representing state and local mental health agencies, law enforcement, attorneys, the courts, and consumers of mental health services who have been involved in the criminal justice system.

Since its legislative reauthorization in 2014, the task force has been charged with discussing and proposing legislation, or fostering non-legislative solutions, regarding housing, medication consistency, suicide prevention, corrections staff training and safety both within and outside of correctional facilities, treatment of co-occurring disorders, and data collection. The task force communicates its findings and recommendations to the oversight committee on an annual basis.

More details about the work of the oversight committee and task force can be accessed at:

<https://www.colorado.gov/pacific/cga-legislativecouncil/mental-illness-criminal-justice-system>

Administrative segregation. The practice of placing prisoners in isolated confinement for 30 days or more, usually for exhibiting violent or disruptive behavior, is referred to as administrative segregation. The legislature passed Senate Bill 14-064 in 2014 to ban the use of administrative segregation for prisoners with a serious mental illness (i.e. schizophrenia, bipolar disorder, or major depression). The DOC evaluates every inmate before they enter administrative segregation. If a mental health clinician determines that an inmate has a serious mental illness, the inmate must be moved to a step-down unit, a state mental health hospital, or appropriate housing other than isolated confinement.

Residential treatment programs. In 2010, the General Assembly allocated funding to the DOC to implement a program specifically for mentally ill offenders, known as the residential treatment program (RTP). The RTP, housed in the Centennial Correctional Facility, provides treatment services to offenders with a serious mental illness or significant functional impairment who would have been placed in

maximum security institutions otherwise. The goal of the program is to help offenders to develop self-management skills and pro-social behavior through intensive mental health treatment and therapeutic and recreational activities. Offenders successfully complete the program when they have made enough progress to be transferred to a lower-custody facility or released. As of 2015, the DOC has implemented similar residential treatment programs in the San Carlos Correctional Facility and the Denver Women's Correctional Facility.

State and Local Best Practices

In tandem with legislative initiatives, various state agencies provide funding to local governments and nonprofits to engage in innovative and promising practices to help better serve persons with mental illness who are involved in the criminal justice system. One example is the Jail-Based Behavioral Health Services Program (JBBS) in the Colorado Department of Human Services, which provides funding to county sheriffs' offices to conduct screening, assessment, and treatment for substance use and co-occurring substance use and mental health disorders to those in county jail.

Additionally, Colorado currently has nine adult and two juvenile mental health courts operating in judicial districts across Colorado that provide treatment options for individuals with mental health problems rather than incarceration. In 2015, over 7,000 cases were referred to mental health courts.

Finally, the The Colorado Second-Chance Act Housing and Reentry Program authorizes grants to the Department of Local Affairs for intensive support services for offenders with co-occurring substance abuse and mental health disorders. In tandem with that program, the DOC has recently hired behavioral health staff to assist in the transition of mentally ill offenders, provide crisis intervention services and medication assistance, and link mentally ill offenders with psychiatric appointments prior to release.