

AGENDA
**Task Force Concerning Treatment of Persons with Behavioral Health Disorders
in the Criminal & Juvenile Justice Systems**

Thursday, March 21, 2024

10:00 am-11:30pm

Meeting link:

<https://us06web.zoom.us/j/81233356291?pwd=WZpsQ0c08joChMe3Y79Vat6TThBNzl.1>

10:00 **Call to Order, Introductions, Attendance**

10:05 **Membership and Attendance Check-in**

10:10 **Legislative Update**

10:15 **Subcommittee Discussion**

Updates From Subcommittees

Discussion Items/ Voting Items

Subcommittee Participation

Guests and Outside Stakeholders

Trainings and Drafting

10:50 **Data Requests**

11:00 **Plan for April Meeting**

11:15 **Wrap Up** Public Comment

Subcommittee Updates:

Crisis Systems: discussing ways to access services for folks during and after a crisis. There is a lack of options on the continuum of care. Taylor Linn from the BHA presented on changes to 27-65

Competency: met earlier this week. Waiting on two bills (BHDCJS bill and the larger bill) to see if they pass and in what form. Some of the ideas to propose will intersect with these bills. Until we know what passes it's hard to touch anything in Title 16. Looking to search out data on wraparound services and successful implementation of supportive housing and how to fund this.

Systems of Care/Recidivism: Have a few ideas with some likely overlap with the crisis and competency groups.

1. Encourage the use of ancillary services to support sobriety and bolster SUD treatment in the justice-involved population including practices such as acupuncture (Acudetox), brain synchronization training, and peer support.
2. Administrative barriers to increasing available treatment services.
3. Creating coherence between SUD assessment in criminal justice populations and clinical evaluations.
4. Developing a set of best practices in different segments of the system (using the SIM framework?). What authority exists in these spaces to encourage/mandate use of best practices.
5. Are there decompensation reduction strategies that could be put into place for individuals held in jail awaiting a bed at the state hospital for competency restoration?

Juvenile: meeting every other week. Starting to circle around some topics.

1. Youth can have a case management order when found incompetent to proceed and unlikely to be restored. Want for clarity on what these are, who develops them, and the handling of them.
2. YOS conversations—education, treatment, etc. Looks a lot DOC.
3. Concept of deflection from prosecution—looking at programs (Longmont)

NGRI

1. Fixing antiquated language in the statute. Lay groundwork for the bigger discussion
2. Remove some of the methods allowed in the statute for examinations.
3. Shifting from McNaughten to Model Penal Code (approach could open up the discussion on postpartum psychosis and depression to be included)
4. Settle insanity: interaction between past substance use/abuse and current mental health
5. want to include some guests on item 3

Legislative updates:

Diversion—Bill sent to the Governor for signature.

Juvenile crisis resolution—in House Appropriations

911RC bill-sitting in appropriations

Competency—revision from judicial which added \$250,000 (\$1M total). Probably won't pass.

-could make some amendments to include cleanups and get rid of data sharing requirement which is driving the fiscal.

Emergency Commitment and withdrawal management—scaled down and probably will pass without much of a problem.

Training and Drafting:

Any training or invites we'd like to come from our LOC folks.

Offer around data and data requests. Can use the LOC to get research and data.

As we move into April and May and formulate around ideas, we can begin to adopt those as possible recommendations. Can add ideas to the task force agenda for broader discussions, get LOC approval, and then can get the drafters involved.

Plan for April: set aside time to adopt positions from subcommittees to start a log for LOC to discuss after the session. If anyone else has ideas for training or presentations, let us know.