

**Task Force Concerning the Treatment of Persons with  
Mental Illness in the Criminal and Juvenile Justice Systems**

Thursday, July 21, 2016  
10:00 a.m. to 12:30 p.m.  
House Committee Room 0112  
State Capitol Building

I. Call to Order • *Susan Walton, Park County Human Services*

II. Introductions and Welcome • *Susan Walton, Park County Human Services*

III. Approval of Minutes • *February 18, 2016*

- *March 17, 2016 approved*
- *April 20, 2016 approved*
- *May 19, 2016 approved*
- June 16, 2016: pending*

*Presentation on Crisis System Update*

Senate Bill 13266: the initiative that created Colorado Crisis Services

Crisis staffing and workforce issues are common outside of the Denver metro area. AspenPointe (Colorado Springs) has 95 openings for clinicians. There are 11 crisis centers throughout the state with the majority in the Denver metro area and very few in the south west. Crisis centers are supposed to provide the same services statewide.

The 11 locations are walk-in centers where individuals will receive a brief screening (name, DOB, primary concerns). Acute medical concerns are not addressed because these facilities do not treat acute medical issues. Facilities are able to address chronic medical issues that are being managed. Medical staff will conduct a brief history, physical, and screening. From an individual's screening, staff determine if they need a full clinical assessment. Clinical assessments are done by staff with a minimum of a master's degree and a licensed individual providing oversight. After an assessment, staff determine if the patient can be connected with services in the community or if they need a crisis stabilization unit.

8 out of 11 centers have crisis beds. Once someone is admitted they see a prescriber (psychiatrist, psychiatric nurse practitioner) within 24 hours and get a full health screen. Crisis stabilization unit beds are available for up to 5 days.

During the 5 day stay patients receive individual therapy with a master's level clinician and case management to coordinate systems for care (i.e. probation officer).

CSUs have peer specialists they can take on mobile calls. Respite services are available for 14 days (also in-home respite). Respite care can't be requested, it has to be referred through a clinician.

There are two crisis pilots to provide crisis services for people with co-occurring disorders –mental illness and an intellectual/ developmental disorder.

The crisis pilot program authorized from House Bill 151368 will be live on August 1<sup>st</sup>. Rocky Mountain Health Plans is contracting with Larimer County to align CMHCs and CCS both in Larimer County and along the western slope. They are also working with community center boards and IDD specialists. The pilot includes mobile crisis, in-home and out of home therapeutic supports, and follow up services. Follow up services are designed to be intensive case management that works with individuals while they are being acutely treated in the pilot program. After the initial discharge, follow up services will be able to support individuals through the mental health system. The pilot is called the Cross System Crisis Response program.

The pilot program will work with care giver organizations and advocacy groups to educate people about when to call 911 or the 844 number based on the crisis situation. Calling the appropriate dispatch number can prevent someone in crisis from going to jail unnecessarily.

#### *Workforce Challenges:*

The Department of Regulatory Agencies shows that there are a lot of people licensed to provide mental health or substance use disorder services. The issue is that many of them accept cash only (private pay) and won't take Medicaid or private insurance because the reimbursement rates are so low. They also don't have the expertise to treat individuals within the criminal justice or human services system.

There are a lot of practitioners who don't accept third party payers because of the capacity and bandwidth needed to do billing and case management, which isn't reimbursed. The Department of Health Care Policy & Financing is working on how to support primary care practices with care coordination, EHR, and other capacity issues.

SIM (State Innovation Model) has a subgroup that is working on workforce capacity issues for primary care practices integrating behavioral and physical health care. It may be helpful for the Behavioral Health Transformation Council to align with the SIM Committee.

There are a lot of federal rules changes and Medical Loss Ratio changes that are impacting the rates setting in the BHO. Setting rates for the future puts current downward pressure on mental health centers. Other factors include new managed care rules from CMS and other expectations on the state.

Health Care Policy and Financing pays for behavioral health services on a capitated basis. While capitated funds come in based on the population, CMHCs have to pay for facilities and new staff to keep up with the population being served. This means incoming dollars are being spent on facilities and staff which are not accounted for in the rates.

There are preliminary conversations on how to support increasing salaries and infrastructure for CMHCs since they aren't accounted for in their annual capitation process.

#### IV. Legislative Update—Discussion

The Task Force needs someone to provide legislative updates and is working to address overall staffing needs.

MICJS can look for interns to provide legislative updates. DU has a formalized externship program. There are also political science master's programs for interns. The goal is to keep the Task Force informed and improve relations with the Oversight Committee.

The Task Force could look for an entity that does similar work like CBHC, Mental Health Colorado, or the Criminal Justice Coalition to become a sub-contractor for MICJS and provide legislative information.

V. Update from the Oversight Committee Meeting, July 20, 2016

- *Susan Walton, Park County Human Services*
- *Amanda King, Legislative Council*

The Oversight Committee is enthusiastic about competency restoration. The Oversight Committee would like the Task Force to work on a specific definition of juvenile competency and management plans in the juvenile context.

After the November election, Senator Newell will no longer serve on the Oversight Committee. There will be at least one new member of the Oversight Committee. Every two years the membership of the Committee is up for reappointment by the legislative leadership. Every year the Chair and Vice-Chair switch positions. Historically, about half of the Oversight Committee turns over after an election. If Representative Singer is reelected he will likely stay on the Committee.

The Oversight Committee is working to meet again in late August (August 31<sup>st</sup> requested), their deadline to request bills is September 1<sup>st</sup>. There is a thirty-five day drafting period and fiscal note preparation process. Then the Oversight Committee will meet again in late September or early October to approve any bill drafts for introduction to go before the Legislative Council Committee.

The Legislative Council Committee is scheduled to meet October 14<sup>th</sup> for an approval of bills. Once approved, the bills are locked in and receive sponsors. A sponsor does not have to be a current member of the Oversight Committee as long as they are a member of the Legislature. The bills would then be introduced in January and go through the regular Committee and Legislative process.

VI. Nominations/Vote for Task Force Chair and Vice-Chair

Camille Harding is voted MICJS Chair and Susan Walton is voted Vice-Chair.

VII. Housing Group Update • *Kathleen McGuire, Alternate Defense Counsel Representative*

The Oversight Committee requested a lengthy list of individuals to present at the next Oversight Committee. They are requesting more information from the CHAFEE Program, FQHCs, regional centers, county sheriffs, the Medication Consistency Program, and the Alternative Defense Council on the sex offender list for juveniles. A complete list is to come.

VIII. Competency/Restoration Group • *Sheri Danz, Office of the Child's Representative*

The Competency and Restoration Group wrote down the essential components of legislation surrounding competency restoration. Once finalized, the information will be drafted and incorporated into legislation. The Office of Legislative Legal Services will create the draft and Legislative Council staff will draft the fiscal note.

The Competency and Restoration Group met with Dr. Fox about the Office of Behavioral Health overseeing competency and restoration services for juveniles and adults. Dr. Fox agreed with OBH oversight and added language regarding restoration in, “the most integrated” (and least restrictive) environment. Dr. Fox suggested a treatment component to restoration in which a treatment team and restoration provider work separately to achieve competency restoration.

The assignment of the responsible entity will be in the human services code. Language will be added to Title 19, Article 2 (children’s code) and Title 16 (adult criminal statute).

Dr. Fox wanted to add a mandate that OBH engage with MICJS. Title 19, Article 2 will include a timeframe (90 days) for restoration services and specify that the court should review the provision and participation of juveniles during restoration services. Karen Knickerbocker may have areas to add language in Title 16.

There is missing funding for the educational aspects of restoration. Components of education could be provided online but there is still a lack of a clear educational provider. It is still a challenge to address coordination and case management surrounding all of the services adults and juveniles utilize during restoration.

IX. Data and Information Sharing Subcommittee Update • *Peggy Heil, Colorado Division of Criminal Justice*

X. Behavioral Health Transformation Council Update  
• *Peggy Heil, Colorado Division of Criminal Justice*

A workforce development subcommittee is being considered.

XI. Membership Updates and Vacancies Discussion  
• *Susan Walton, Park County Human Services*

Bill Martinez from mental health center Pueblo was appointed to the Task Force.

Judge Slade from the 18<sup>th</sup> District is in the process of joining the Task Force.

XII. Other Updates

XIII. What’s Happening at Your Agency?