BHDCJS Hearing on June 15th

Youth Subcommittee

Chairs: Amanda Candileri, Katie Hecker

OVERVIEW

The Youth Subcommittee of the Task Force Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems took seriously the Legislative Oversight Committee's charge to examine how to better support the mental health of youth who have been through so much in recent years, and find ways to support their needs outside of the juvenile justice system (which necessarily includes competency proceedings).

The Youth Subcommittee's perspective, by and large, is that the farther upstream our communities can support the well-being of youth the better. In the subcommittee's view, the filing of a case and prosecution of a youth struggling with a mental and/or behavioral health disorder is emblematic of our collective failure to intervene earlier and provide individually tailored, developmentally appropriate, culturally appropriate, trauma-informed, behavioral health services. The legislative concepts below reflect this collective view. It is this subcommittee's hope that these legislative concepts are helpful and information to the members of the LOC.

Legislative Concept One

Creating, either by mandate or pilot, mobile youth crisis response teams as alternatives to law enforcement to respond to mental health and social crisis.

- **Problem:** All too often, law enforcement is asked to respond to mental health or social crises in the community. By virtue of the ubiquity of 911, that is the first call that residents make whenever they observe non-normative and potentially escalated behavior by someone in the community – whether or not that person is known to them. Law enforcement officers are the designated entity to respond in these situations, and by virtue of their training and professional orientation, they often resort to making an arrest when a mental health crisis begins to escalate. More specifically in situations involving youth, family and community members seeking assistance in de-escalating crises and connecting youth with the appropriate diagnostic and treatment entity frequently end-up calling 911. In those situations, youth and families are funneled into the juvenile delinquency system instead of receiving mental and behavioral health services. This leads to the criminalization of mental and behavioral health crises.
- **Solution/Concept:** The youth subcommittee feels that a better approach would be to continue bolstering the non-law enforcement crisis response structures (i.e. 988), but tailor those structures to the needs of young people, and staff them with responders trained to de-escalate, assess, and hopefully refer to any supportive services in the community. The subcommittee discussed several different models/concepts that could be effective approaches

to the crisis response problem. Some subcommittee members felt that the best approach is to create a grant-funded program where individual communities could design their own youth crisis response model based on their individual community's needs. Others felt that replicating or partnering with Denver's STAR program would be a more viable starting place, given the lessons learned from that program. Still others wondered if school-based responses were the most effective place to start, as a natural touchpoint with many of Colorado's young people and where mental health and social struggles (homelessness, food insecurity, etc.) of those young people come into stark relief. Juvenile Assessment Centers and Collaborative Management Programs were identified as possible partners for crisis responders to provide follow-up care.

- **Data or evidence:** People with untreated mental illness are more likely to be shot and killed by police, and more likely to be incarcerated. This is as true for youth as it is for adults; of the two million youth arrested annually, 60-75% have at least one mental health diagnosis. According to the Division of Youth Services annual report, 60% of committed youth have co-occurring treatment needs; 67% require formal mental health intervention and 89% require treatment-level services for substance use. The Center for Law and Social Policy generated a robust report on best practices in youth mobile crisis response, and potential funding structures. It is available here: https://www.clasp.org/wp-content/uploads/2022/04/Youth20Mobile20Response20Services_0.pdf

Legislative Concept Two

Create, either by mandate or pilot, competency or mental health diversion programs as alternatives to prosecution of youth who are struggling with disabilities or mental health disorders.

- **Problem**: Youth who are struggling with mental health disorders, or have been found not competent to proceed, often become mired in the juvenile justice system when they would be better served by community supports. In these situations, traditional models of accountability are not particularly effective, and victims' needs are often left by the wayside as the competency process slowly moves forward. Existing juvenile diversion programs were not created with the specific intention of supervising children with mental and/or behavioral health needs. Nor, were they created with the specific intention of connecting children to diagnostic and treatment entities. With this in mind, the members of this subcommittee see a need for juvenile competency and mental health diversion programs across the state.
- **Solution/Concept**: Create a diversionary model, whereby youth who are screened as likely to be found incompetent to proceed to diversion to be connected with appropriate services rather than engaging with the restoration process. Victim input and participation can and should be encouraged through the diversion program. Alternatively, a youth mental health diversion program could be developed, incorporating lessons learned from the 2017 model for mental health diversion for adults.
- **Additional areas of study/inquiry**:
  - Mental health diversion for adults was largely unsuccessful – if the LOC is interested in pursuing the mental health diversion model rather than a competency model, additional inquiry would need to be done to clarify what went wrong in the adult context. OCFMH representatives on the subcommittee indicated that a competency

diversion pilot in Weld, El Paso and Denver counties could have particularly widespread impact.

- Some youth subcommittee members were interested in a Law Enforcement Assisted Diversion model, but additional inquiry would have to be done about the efficacy of those four pilot programs. Anecdotal data indicates a lack of referrals from law enforcement in some locations. A report on the LEAD pilot programs can be found at this link:
- Other subcommittee members saw a way forward with Juvenile Assessment Centers as partners for identifying youth who are appropriate for a mental health or competency diversion model.
- C.R.S. 19-2.5-208 currently lays out a structure for "petty ticket contracts" whereby certain youth are asked to participate in certain activities/services in exchange for the ticket being dismissed without prosecution. Some subcommittee members wondered whether this could be expanded to other offenses when mental health or competency concerns are identified.

Legislative Concept Three

Generating equitable and widespread funding for a continuum of mental health and substance abuse treatment; in particular, funding and support is needed for inpatient treatment programs.

- **Problem:** While there is a significant unmet need all along the treatment continuum since the implementation of the Family First Prevention Services Act, Colorado currently *does not have any* inpatient facilities for justice-involved youth struggling with substance use disorders since the closure of the Youth Recovery Center in Glenwood Springs. An experienced guardian *ad litem* recently reported that the lack of services for justice-involved youth is "the worst I have ever seen." So, often youth with mental and/or behavioral health issues self-medicate with alcohol and controlled substances. Therefore, the need for substance use treatment intersects with the need for mental and/or behavioral health treatment. Colorado has limited residential treatment centers available for youth with mental and behavioral health needs. These treatment centers have lengthy wait lists and are severely understaffed. Youth often wait for weeks and months in detention waiting for a bed at such treatment centers. Colorado does not have any secure residential treatment facilities. Consequently, children in need of secure residential treatment are forced to leave the state of Colorado. Youth often wait for months in detention waiting for out-of-state placement due to a combination of the wait lists, applications for funding, and the inter-state compact process.
- **Solution/Concept:** Develop a similar structure to SB23-219 (http://leg.colorado.gov/bills/sb23-219), which provides funding and created supports for facility schools statewide, but for inpatient behavioral health treatment centers. The Youth Subcommittee recognizes that this was a monumental effort and a significant investment of state dollars, but the dearth of inpatient treatment programs is similar to that of facility schools.
- **Data or evidence:** Feedback from practitioners indicated that although more robust services are needed for youth all along the treatment continuum, youth with acute mental health and substance abuse treatment needs are a viable starting place for intervention. These youth are

suffering the most severe consequences of the lack of services, languishing in detention or at risk of serious harm in the community, when they should be receiving the appropriate level of evidence-based care.

- **Areas of additional study/inquiry:**
    - The Youth Subcommittee hopes to arrange for a presentation from the Department of Human Services to better understand how the FFPSA funds are being utilized, and what barriers DHS is experiencing in connecting youth with services.
    - The Youth Subcommittee was very excited about wraparound service models, similar to one in Milwaukee: https://wraparoundmke.com. Of particular interest was the funding pool that this program created, which is also in line with the Pre-Adolescent Services Task Force recommendation that funding for be blended or braided to allow for more flexibility in spending.

Legislative Concept Four

Enhancements to Bridges Program to provide wraparound service coordination to justice-involved youth pending competency.

Problem: The Bridges Program, a network of liaisons whose purpose was to connect incarcerated individuals with services and supports in the community so they could receive outpatient restoration, was originally intended for adult defendants. Its use was fairly limited in delinquency cases because DHS, Senate Bill 94 Pre-Adjudication Services, and GALs are often already involved. However, in some cases, parents would benefit from care coordination for youth pending restoration, and ethical considerations often keep defense counsel or the guardian *ad litem* from being the most appropriate source of that coordination.

Solution/Concept: With the expansion of the Bridges Program in the 2023 legislative session (http://leg.colorado.gov/bills/sb23-229), this problem may have solved itself to some extent. The Bridges Program now explicitly serves youth involved in the juvenile justice system. However, the Bridges Program may require some enhancements and training to best serve youth, and legislative intervention may be needed. Further study and coordination with the Bridges Program is necessary to determine how best to move forward.