

MHDCJS Taskforce 2019/2020 Potential Recommendations Running List

Critical Dates:

- On or before **September 23**: committee must request bills for drafting by the Office of Legislative Legal Services (OLLS)
- On or before **October 15**: draft bills must be finalized by OLLS and distributed to committee members
- On or before **November 4**: committee must take final action on draft bills (vote on what moves to legislative council)

Renewal of MHDCJS Committee and Taskforce Authorizing Statutes:

- Pursuant to C.R.S. 18-19-107, the entirety of the MHDCJS statutes are set to repeal effective July 1, 2020. The MHDCJS taskforce has commissioned a working group to examine the statutes and make a recommendation to the legislative oversight committee (LOC) regarding a renewal of our statutes. The recommendation will aim to address issues including:
 - The charge and responsibilities of both task force and LOC members.
 - The scope of issues for which the MHDCJS structure is designed to address.
 - The processes in which MHDCJS taskforce and LOC members engage with the work and each other.
 - Staffing support that may be necessary to enhance the work of the MHDCJS task force.

M-1 Holds & Diversion Subcommittee:

- Pursue legislative support and resources for the development of a standardized protocol for 911 call takers and dispatches for screening and triaging mental health crisis related calls.
 - Further, ensure resources are available for training of call takers on this protocol, and other related mental health issues that will help them relay pertinent information to first responders.
 - Include any necessary policy changes to promote the utilization of this protocol.
- Enhance peace officer mental health training either with additional resources and opportunities or by clarifying/enhancing what is already included in the academy curricula.
 - For example, de-escalation training is required in the academy, but it is not specifically related to mental health.
 - Passing legislation to increase funding and flexibility for POST, with the intent of focusing on mental health, can help reorganize and enhance mental health training at the academy level. In addition, increased funding may allow for increased CIT training for officers who have not been trained.

Housing Subcommittee:

The Housing Sub-Committee is working toward the development of a technological solution to the issue of connecting services and housing to those in need. The goal is to work with other groups currently exploring this area to build an app, or similar user-friendly system, that would allow consumers and providers to see ratings, information, and services, by location, on a real time basis.

- Year 1: Strategy and infrastructure development; data accumulation; and use agreement development.

- Year 2 and beyond: Data warehouse maintenance. Live and regularly updated by owners of the information to be used by communities, legislators and other stakeholders for data-driven decisions. After analyzing data our subcommittee would:
 - Determine needed increases for specific target groups and their barriers, % of AMI, gaps in present continuum of housing, innovative approaches to affordable housing barriers (e.g. zoning, NIMBY)
 - Secure supportive services necessary to help move individuals from their presenting problems/barriers, navigating them into and maintaining a secure and stable housing situation (defined by tenant), maintaining stability through services tied to housing program or other tenancy support services. Clearly define what is meant by tenancy support services ... more holistic (physical, mental health, SUD, financial, etc.)
 - Begin connecting services with the inventory. For example, Permanent Supportive Housing could be connected to current vouchers.
 - Analyze data on those connected to supportive services and those that are not.

Data Subcommittee:

- Legislation recommendation to fund the final recommendations from the MHDCJS data sharing subcommittee Dispatch/Crisis Services Lean Process Improvement effort.
- Legislation recommendation to build the Justice/Health Interoperability Platform that was planned under the 2016 Bureau of Justice Assistance Statewide Recidivism Reduction Planning Program Grant. The proposed system will use an Enterprise Service Bus to connect relevant state agencies, jails and the two state health information exchanges.

Joint Recommendation between the M-1 Holds & Diversion and the Data Subcommittee:

Due to an increased demand for competency evaluations and restoration, Colorado has witnessed a decline in the availability of state civil beds for long term care or commitment for individuals who need intensive residential mental health treatment. Due to this, individuals with mental health concerns too often find themselves becoming involved with the justice system and across the state jails and prisons are carrying the burden of treating individuals for serious mental health disorders. When there isn't adequate community or hospital treatment available, the justice system becomes the stop gap treatment option for many individuals in need.

Colorado has also seen an increased rate of assaults on first responders. Although the extent to which these assaults involve persons experiencing mental health crisis is unknown, anecdotal information from MHDCJS defense attorneys indicates that some assaults happen when actively psychotic individuals resist law enforcement welfare check intervention to initiate a mental health hold. Additionally, research shows that Colorado has the 10th highest suicide rate in the country. Mental health holds are a significant intervention point where some of these trends can be reversed. Unfortunately, Colorado does not have data and cross system analysis to study interventions and follow-up services that decrease negative outcomes such as hospitalizations, suicide or drug overdose deaths, or criminal justice system involvement.

- Therefore, MHDCJS Diversion and Data Sharing subcommittees are recommending legislation to authorize and resource an interagency study group. The goal is to collect data on factors relating to and research the efficacy and long-term outcomes of M-1 holds, identify the need for additional wrap around services, and clarify any association with these observed trends. Over time, the research can identify promising practices and resources to reverse the above trends.