Bill Concepts Housing Sub-Committee MHDCJS 2021- 2022

Bill#1: Expand bed capacity for Inpatient Psychiatric Care for intermediate to long-term treatment by mandating certain percentage of ARPA dollars to be used to:

a. Expansion to include state hospitals as well as private and public institutions
b. Looking at three levels of care (similar to the medical model)
    i. Attaching housing and respite care vouchers to mental health hospitalizations for unhoused individuals (i.e., Momentum type projects).
    ii. Triage housing from hospitalization, to step down care with medical staff to assisted skilled care/ short-term respite care to assistance while at "home".
    iii. See Mental Health Colorado's Mental Health and recovery model (exhibit 7) for more details.
c. Create an state wide M-1 (27-65 and 1.5) data base for any M-1 evaluation/screen, mandating data as to length of stay, prior M-1 holds or emergency visits, type of release and to where; discharge plan specifics as to treatment and access to housing; follow-up plan up to 6-12months for services and to track subsequent emergency visits.

Bill#2: Establish, support, and fund, Transitional Group Homes by mandating percentage of ARPA dollars to be used for:

a. Renovating former I/DD group homes or underused motel/hotels to create step-down programs for patients exiting inpatient psychiatry.

    i. Emphasis on or prioritizing unhoused patients with severe mental health and justice contact
    ii. Establishing a continuum of care and a continuum of housing models including but not limited to also providing housing supportive services to house- in-place with supportive services for the individual and the care giver to safely house person at home

        1) Establishing and funding resources to aid rehoused individuals with their independent living

            a) Explicitly allowing smaller scale entities (such as non-profits) to access funding to support smaller harder to reach communities and funding technical support these communities and care givers. This includes

            (i) considering a state entity(DOH DOLA or CoC) to be Medicaid and voucher entity for smaller nonprofits who

provide services but do not have the infrastructure to bill Medicaid and or maintain housing voucher requirements.

(ii) track and pay appropriate amounts for supportive housing services and amount needed for this high needs population.

(iii) HCPF in collaboration with OBH DHS to expand providers able to do Medicaid reimbursement and to pay for services actually needed to keep these high needs individuals housed and stabilized out of institutions

(iv) technical assistance for smaller non-profits serving high needs justice involved and or homeless providers to become approved Medicaid reimbursable and voucher managers

(v) Grants(not loans or gap funding) to smaller non-profits in underserved communities serving high needs justice involved or at risk of justice involvement in underserved communities.

b) Utilize and expand the expertise of certified Peer and Family specialists for support around independent living (Peer Support bill HB21-1021)

(i). fund training and certification available and required for peers in mental health in addition to SUD. (Lessons learned from DUI legislation of 2015 Level II 4+ which requires additional screening and assessment instruments creating an entire services plan and service delivery based on clinical assessment and review every 60 days

c) .Amend and add additional ARPA funding to HB21-1271 which gave dollars on a one time basis to the Dept. Of Local Affairs for Innovative Affordable Housing Strategies to require a certain percentage of the grant awards go to smaller underserved communities that do not have large non-profits and who are targeting homeless individuals with mental health issues who are being released from institutions and or hospitals homeless. (amend HB21-1271 to reflect more what HB20-1035 was focusing on) . Change DOLA DOH's present grant funding model for these smaller underserved communities from a "gap funding " model to a true " project grant model" when grant recipient is serving underserved communities and nonprofits serving individuals with severe mental health or dual diagnosis justice involved or at risk of involvement .

Bill#3: Amend " community benefit " in HB19-1320 by mandating specific standards of after-care, reporting requirements, addressing and funding step down hospital care

individuals who came in on M-1 or M.5 holds who are being released homeless and or have had a mental health hold within the last year to keep their tax exempt non-profit status. (46% of hospitals in Colorado are non-profit tax exempt and another 29% are owned by state or local governments):

a. Work with OBH to Create a state wide Crisis/M-1 (27-65 and (1.5) data base for any M-1 screen; mandating data collected as to length of stay, prior M-1 holds or crisis within last 12 months, where was the individual released to; discharge plan specifics as to treatment and access to housing . Follow –up care for at least 6 months .

b. Be required to contribute X number of dollars or percentage of dollars to a fund that serves their community providing affordable housing and step down housing for individuals being discharged from hospitalization who are homeless and suffering from mental health or co-occurring disorders

c. Failure to comply puts non-profit status at risk

Bill#4: DOH, OBH, and HCPF's ARPA dollars should be braided together to provide a continuum of housing options from step down hospitalization to congregate housing to supportive housing, to support at "home" with a care giver, to Permanent supportive housing for inidivudals with mental health or co-occurring disorders being released from institutions. All entities should be required to work together on a funding stream including expansion of Medicaid providers and reimbursement for such supportive services necessary to prevent re-institutionalization to prepare for the cliff effect when ARPA dollars are over and present this to the legislators one year before ARPA dollars must be expended. Direct relevant agencies (to develop a plan for sustaining any new housing initiatives created with ARPA dollars beyond the limits for ARPA dollars to be presented to the legislature.

a. Integration of BH with other healthcare/services/programs with equitable reimbursement. Pay for services actually being rendered need to keep individual from falling into justice system
b. Invest in comprehensive care models that provide full integration. Provide places/spaces for people to recover from mental health crisis. We must bring services to people where they are.
c. Supportive services funding model through HCPF and OBH to align with housing vouchers from DOH.
d. Every dollar of DOH funds for housing voucher, HCPF and/or ONH contributes 50 cents to supportive services fund
e. Data collection to assure expansion of workforce entities to become Medicaid reimbursable and reimbursable for all supportive services needed to address the needs of high acuity and

needs individuals who without such services become homelss and or fall into the institution system

f. At the end of the ARPA dollars to have OBH, HCPF, and DOH to have a plan in place to present to the legislators to continue and sustain equitable reimbursement for services to entities in underserved communities who render to high acuity and needs individuals without such services become homeless and fall into our institutions.

Bill#5: Re-visit HB 17-1309- for increase fees collected by counties on conveyances of real property to finance the indirect costs of our present real property transfer effects on low income and affordable housing. Revisit legal opinion that too narrowly defines " indirect costs" when our present transfer of property is creating a loss of workforce and federal contempt fines due to lack of affordable and low income housing for work force entities who serve people with high acuity mental health needs and or /SUD and the resulting effects on individuals living with high acuity needs without such services or housing for themselves to have access to treatment become homeless and fall into our institutions.

a. Present transfer of property has created direct and indirect costs in our state creating communities unable to build workforce due to lack of work force housing and low-income housing to serve our most vulnerable high acuity individuals to prevent them from falling into our institutions.
b. Communities as a result have high populations of homeless individuals with high acuity falling into our institutions and as a result costing the state in loss of businesses and federal contempt fines unable to serve these high acuity individuals with daily contempt fines due to our state's ability to address their needs through recruiting and keeping a work force to serve them and a safe place for the high acuity person to be housed and have access to supportive services.

Bill #6: Re-introduce HB20-1035 requiring a certain amount of ARPA dollars to be used for HB20-1035's priorities and priority population.

a. HB20-1035 was in part the impetus for HB21-1271. However HB21-1271 does not give preference to underserved communities without large non-profits and who are focusing on individuals with mental health and involvement or at risk of involvement with the justice system. Nor does HB21-1271 give preferences or funding for "supportive services"
b. HB 21-1271 Concerns the establishment of programs offering state assistance to local governments to promote the development of innovative affordable housing strategies in a manner that is compatible with best local land use practices, and, in connection

therewith, making an appropriation. Restricted to short term funding to Counties and municipalities and that are shovel ready to be realistically able to get funds.

Bill#7. Restrict State ARPA dollars and future state funding going to communities, cities, municipalities unless the community shows a commitment to:

a. Commit to the following **Value Statements**:
1) Homelessness is intrinsically linked to sustained deterioration of wellbeing, specifically behavioral health.
2) The criminal justice system should not be the default system for individuals living with behavioral health issues.
3) Housing interventions and solutions must be holistic, culturally responsive, and person specific with the elimination of bias and discrimination, must delivered at the right time and the right place, and must foster community strengths.
4) Housing interventions and solutions often require a combination of housing, supportive services, and tenancy supportive services.
5) Housing must match the need that meets the specific acuity including long term therapeutic model that then transitions into permanent supportive housing.
6) Interventions and solutions for with people experiencing crises must occur before they show up at shelter doors or institutions.
Cross-system data, particularly on the lived experience of different racial groups, is essential to developing and implementing effective and scalable housing solutions

AND Commit to :

b. **Policy and Legislative Platform**: In order to address challenges at the intersection of behavioral health, criminal justice, and housing, communities/cities/counties policies must be consistent with evidence-based research when developing relevant policy and legislative solutions:

1.) Behavioral health whole person care starts through a lens of housing first in light of the person's social determinants;
2). Broaden the continuum of housing options from step down hospital care, to highly structured therapeutic communities, to bridge housing, to family re-integration, to rapid rehousing, to permanent supportive housing;
3). Provide and improve supportive services along the entire housing continuum, matching needs that meets the specific acuity allowing for a longer period of time for recovery to then transition into permanent supportive housing;
4).Develop and improve cross-systems data sharing and assessment tools that effectively and holistically identify needs, remove bias and discrimination, and ensure appropriate placement and access to the whole housing continuum;
5). Increase provider capacity for supportive housing and supportive services across the state; and
6). Develop measurable outcomes that are informed by local and national evidence and that help guide resource and funding allocation across the aforementioned recommendations.

In the alternative the state should pass the above as a behavioral health and housing platform for any bill that is considered addressing housing and behavioral health.

Bill#8: Any state ARPA dollars going to communities, cities, municipalities must show: (alternative to #7 above):

Effect of incentivizing affordable housing development based on poverty level not AMI with preference to Local governments who have made strong commitments in reducing barriers to affordable low income housing for individuals with disabilities and being released from institutions:

a. Model land use codes for municipalities and counties that change land use/zoning code updates to be inclusive and serve the most needy and effected by covid with disabilities, being released from institutions

b. Present grants look at "Affordable housing" is defined in the statute as housing for families or individuals earning up to 80% of the area median income (AMI) for rental housing and up to 140% AMI for affordable homeownership. However,certain percentage of dollars/awards should demonstrate that the project addresses one or more for at maximum 150 % of poverty level rather than AMI with significant need for those most effected by COVID. Use "poverty level" not AMI.