Behavioral Health Criminal Justice Preliminary Draft Recommendations

November 8, 2021

The recommendations focus on the following areas:

- Crisis Response and Diversion (pre-arrest): co-responder, community response, and mobile crisis response
- Crisis Intervention Training (CIT)
- Competency Backlog and Post-arrest Diversion
- Harm Reduction Services
- Naloxone Bulk Purchase
- Medication Assisted Treatment (MAT): Jails, Community Corrections, Department of Corrections
- Medicaid: Jails, Community Corrections, and Department of Corrections
- Audit/Sunset of Behavioral Health Line Items

1. Crisis Response and Diversion (pre-arrest): Co-responder, community response, and mobile crisis response

A. Fund communities to develop or expand diversion programs for individuals at risk.

1. Communities will be able to demonstrate partnerships to support needs of individuals being served by the diversion program (case management, peer support, community partnerships for long term needs).

2. This would be a grants program administered by a state agency to oversee the process and provide support.

3. Alternative crisis response strategies can include responses that do not involve police at all like the STAR model in Denver, co-responder models that pair police with social workers or other clinical professionals and can be mobile or within a building.

2. Crisis Intervention Training

A. Allocate ARPA funding to ensure every law enforcement officer, 911 call center employee*, and jail staff member* has undergone Crisis Intervention Training (CIT). This may be accomplished in two ways:

1. Create a line item in the AG's Office to create a grant program for CIT. Funding would support the cost of training and provide backfill funding for agencies to cover overtime or costs related to bringing in additional officers while others are in training (funding).

2. Require CIT to be part of the Peace Officers and Standards Training (POST) for new recruits starting July 1, 2022 and require ongoing mental health training (for example, ICAT)(policy).

3. Trainings would be encouraged to engage community members and people with lived experience to ensure quality training and community healing (policy).

3. Competency Backlog and Post-arrest Diversion

A. Use one-time funds to repurpose Ridge View to create additional beds for step-down psychiatric treatment services and to provide initial funding for beds that are not paid for by an existing source (funding)

B. Create more competency dockets around the state to handle criminal cases involving people with mental illness (and SUD when co-occurring) more effectively and efficiently These courts can also include/integrate opportunities for diversion out of the criminal courts (funding and policy)

C. Expand and diversify availability of programs to divert people with MI/SUD away from the criminal justice system to prevent them from ever needing competency restoration/evaluation (funding and policy)

1. Give additional funding to the adult diversion programs though the state court administrator's office

2. Create a funding pool to allow jurisdictions to apply for funding for Individual diversion programs

3. Explore creating authority for judicial diversion (which can be done in partnership with Bridges)

4. Consider making the competency population a special population within HCPF & provide resources to manage the population with the RAEs as they could provide covered services for eligible members as a requirement of the contracted network adequacy plan.

3. Competency Backlog and Post-arrest Diversion

A. Provide additional funding to Bridges program to serve people with MI In the criminal justice system (funding)

B. Build/convert numerous group homes around the state to meet the needs of people with mental illness and co-occurring conditions like SUD and IDD In the community in the least restrictive environments appropriate to meet their needs and to serve as an alternative to jail, prison, state hospital and other highly restrictive settings (policy and funding) *See beds proposal*

C. Changes to competency statute (policy)

D. Emergency funding needs (funding)

1. Contract for existing inpatient beds and housing subsidies
2. Tiny houses in a "supportive village"
3. Funding to the Bridges program
4. Coordination of a state-wide stakeholder group to work together to identify people who should be released from jails, cases that should be dismissed, and existing resources for these people.
5. funding to train judges
6. Contract assisted living beds
7. Immediate incentives for new employees (and bonuses for existing) in order to recruit and retain staff at CMHIP
8. ARPA funding for the RAEs/CDHS to use to incentivize private hospitals to accept people needing mental health services and to cover beyond the 15 days or before a PA occurs (not just competency individuals)

4. Harm Reduction

1. PRIORITY: Provide at minimum $5 million to syringe service providers in Colorado through CDPHE through the HIV/STI program (funding)

2. OTHER: Provide start up costs for one-time funding of enhanced drug checking technology to be housed at Rocky Mountain Poison Drug Center (funding)

5. Naloxone Bulk Purchase

FUNDING

A. Fund the Naloxone Bulk Purchase Fund at $7-10 million dollars over the next 5 years (funding)

B. Recommend additional CDPHE staff time to support this program (funding)

C. Recommend ongoing funding from General Fund (funding)

POLICY

A. Recommend reporting at SMART Act Hearing (policy)

B. Review capacity for mail-out naloxone distribution program (policy)

C. Develop evidence-based strategy distribution plan (policy)

6. Medication Assisted Treatment (MAT): Jails, Community Corrections, Department of Corrections (DOC)

A. (Jail-based): Establish a comprehensive MAT program for alcohol and opioid use disorders (OUD) in Colorado jails by expanding current jail-based MAT efforts in alignment with the current Jail-Based Behavioral Health Services Program of the Office of Behavioral Health (policy and funding)

B. (Community-based): Provide technical assistance to support Colorado communities in their efforts to identify their community needs and secure sufficient recovery support services for people with substance use disorder (SUD), especially for those transitioning from incarceration (funding)

C. (DOC) Expand the MAT program to all state prisons.

D. Evaluate the implementation of expansion of medications for addiction treatment in jails as well as the connections to community based recovery services (funding)

E. Expand and enhance the Peer Recovery Coach workforce by providing training, support to become certified, internships, mentoring and on-going opportunities for professional development leading to a sustainable career path.

7. Medicaid: Jails, Community Corrections, and DOC

A. Enforce current statutes and strengthen language so that anyone who is eligible for Medicaid in the justice system is getting enrolled. In addition, maximizing Medicaid funding to the greatest extent to allow greater flexibility for criminal justice funds and reducing the amount of treatment dollars the criminal justice system needs to access via the state General Fund.

B. Recommend HCPF assess jail work release programs across the state to see if CMS would allow eligible individuals on jail work release to be enrolled in Medicaid so that they can access care while they are in the community during the day.

C. Community Corrections programs shall enroll people who are eligible in Medicaid upon entry into a program.

D. Require that DOC eliminate the Approved Treatment Provider program requirement for people on parole who receive behavioral health services who are on Medicaid per state statute (See 17-1-113.5(6) above)

7. Medicaid: Jails, Community Corrections, and DOC

E. Mirror and strengthen the language of 17-1-113.5 (DOC statute) to ensure that anyone that is eligible for Medicaid upon release from jail is enrolled regardless if they had previous coverage or not.

F. Ensure jails suspend Medicaid coverage and reinstate upon release (i.e. strengthen & enforce current statutes).

G. Encourage HCPF to explore using an 1115 waiver or other relevant Medicaid waivers specifically targeted to serve justice involved populations and improve continuity of care.

H. The General Assembly should submit a letter to Congress to urge their support of and passage of the Medicaid Reentry Act.

I. Require jails to report quarterly how many people are released and enrolled in Medicaid per C.R.S. 17-26-118 – Criminal Justice Data Collection

8. Audit/Sunset of Behavioral Health Line Items

A. Identify programs and line items that should be audited or undergo a sunset review. Potential examples include:

1. Strategic Individualized Remediation Treatment (STIRT) *OBH*
2. Jail Based Behavioral Health Services (JBBS) *OBH*
3. Offender Behavioral Health Services *OBH*
4. Correctional Treatment Cash Fund (CTCF) *Judicial*
5. Offender Services *Judicial*
6. Approved Treatment Provider program *Dept. of Corrections*
7. Problem Solving Courts (with a focus on the lack of courts that are accredited by the state) *Judicial*