STEPS TO HEALTH AND JUSTICE

STATE OF COLORADO
FEBRUARY 2018

Colorado's Plan to Improve Behavioral Health Outcomes and Reduce Reliance on the Criminal Justice System

Dedicated to
Coloradans
whose lives have been affected
by mental health and substance use conditions,
and our continuing work to improve lives.

Special thanks to the
Colorado Health Foundation
for their endowment allowing us to conduct this important work.

Special thanks to the
Colorado Mental Wellness Network
for their thoughtful donation of the cover to this plan.

Special appreciation of
Equitas
for their contributions in convening Coloradans and
raising awareness of the vital importance of
disentangling mental and behavioral health from criminal justice.

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Letter from the Task Force

February 14, 2018

RE: A Strategic Plan for Behavioral Health and Justice Involved Individuals

Dear Governor Hickenlooper:

In response to your request on July 5, 2017, we are pleased to present Colorado's plan to improve behavioral health outcomes and reduce and prevent reliance on the criminal justice system. It is our hope that the strategy outlined in *Steps to Health and Justice* will support Colorado by reducing and preventing incarceration and justice-involvement for those with Behavioral Health Conditions, while also supporting positive health outcomes, promoting public safety, optimizing taxpayer dollars, and improving lives.

During the years of your administration, Colorado has made great strides toward becoming the healthiest state. We have expanded access to integrated primary and behavioral health care, dramatically reduced the number of Coloradans without health insurance, and promoted healthy eating, active living, and general well-being through a wide variety of initiatives.

Amidst all of this progress, our correctional and detention facilities remain one of our largest institutions for providing behavioral health services. As you are well-aware, we still have a lot of work to do to remedy this. Leaders across Colorado's systems are pursuing solutions and reforms that support health, safety, and prosperity for all. We can do better than continuing to rely upon law enforcement and the costly and ineffective incarceration practices for managing and supporting the behavioral health of Coloradans. Behavioral health must be addressed with a public health response, primarily through health-oriented systems.

In accordance with your directive, the Task Force has identified strategies to obtain better health and public safety outcomes within the existing resources and scope of the executive branch and state agencies, including a focus on preventing unnecessary involvement with the justice system in the first place. The strategy herein is designed to support Colorado in achieving more effective prevention, intervention, and treatment options to people with Behavioral Health Conditions and to minimize their involvement with the justice system.

It is our hope that Colorado will set a national standard for health, in the most inclusive sense of the word. Our partners will disseminate the Plan and support the incorporation of these strategies to colleagues, elected officials, and other community leaders, permeating Colorado with a shared language to promote culture change, mutual accountability, and coordination of efforts and resources. Colorado counties and municipalities, along with grant makers and foundations, will be encouraged and incentivized to align their community development efforts with the Plan, and ensure ongoing future implementation.

Sincerely,

The Behavioral Health & Criminal Justice Task Force

Letter from the Governor

July 5, 2017

RE: Behavioral Health Accessibility and Justice Involved Individuals

Dear Task Force Members:

Thank you for your willingness to help improve outcomes for criminal justice involved Coloradans. As you evaluate our criminal justice and behavioral health systems, we ask that you make recommendations for a statewide strategic plan to improve behavioral health outcomes for individuals involved in our criminal justice system.

Our jails and prisons remain one of the largest behavioral health providers. In the Colorado prison system alone, 39 percent of offenders have a mental health diagnosis, nine percent have serious mental illnesses, 74 percent have substance use disorders, and 31 percent are dual-diagnosed. While numerous efforts have changed policy and practice in both criminal justice and behavioral health, we must further improve our systems and strategies in order to better respond to behavioral health challenges in our communities, especially in responding to those involved in our criminal justice system.

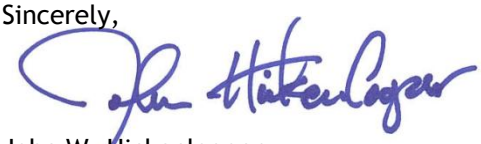
As you develop your recommendations, we hope you will focus on obtaining better health and public safety outcomes within existing resources. The task force should consider strategies integrating both care and funding to prevent involvement with the justice system in the first place. The task force should also identify gaps in our behavioral health and criminal justice systems where Coloradans do not get the mental health or substance use disorder services they need. Specifically, the plan should encourage:

- Improving collaboration and coordination among executive branch agencies, counties, judicial districts, municipalities, and service providers;
- Developing or leveraging better data and information-sharing systems;
- Creating budgets that prioritize funding for those suffering from behavioral health issues;
- Setting reasonable and measurable performance and outcome metrics;
- Conducting high-quality evaluation of our programs and practices; and
- Normalizing behavioral health issues, so individuals are empowered to seek out appropriate treatment.

Colorado offenders need treatment and support from doctors' offices, mental health centers, and community-based organizations. We know we cannot divert everyone with a behavioral health diagnosis from incarceration. We can, however, make every effort to provide this population with treatment and intervention options in order to minimize their interactions with the justice system and ensure that those interactions are optimally rehabilitative, reintegrative, and restorative. In doing so we can reduce recidivism, ultimately saving taxpayer dollars and simultaneously improving lives.

Thank you again for your commitment to this work and for your service to Coloradans.

Sincerely,



John W. Hickenlooper
Governor

Executive Summary

Colorado faces major challenges with behavioral health and the criminal justice system. Jails and prisons have become one of the largest institutions for providing behavioral health services in Colorado, and people with mental health and substance use conditions ("Behavioral Health Conditions") do not receive the rehabilitative treatment they need. Not only does this undermine the potential for justice-involved individuals with Behavioral Health Conditions to live more fulfilling lives and become more productive members of the community, it also misdirects public resources towards the revolving doors of the justice system. There is an urgent need for Colorado to improve behavioral health outcomes and reduce reliance upon the justice system.

In 2017, Governor John Hickenlooper assembled the Behavioral Health and Criminal Justice Task Force comprised of a diverse set of experts and stakeholder group representatives, and tasked it with developing a statewide strategic plan to improve behavioral health outcomes for individuals involved with the criminal justice system. Through a systematic and strategic planning process, the Task Force assessed the current state of Colorado's behavioral health and criminal justice systems, envisioned a desired future state, and mapped out a vision, goals, and recommendations for Colorado to implement over the next 15 years in order to achieve the desired state. *Steps to Health and Justice* lays out the findings and strategy recommendations to provide a guide for legislation, budgetary decisions, and policy for this and future administrations.

The Current Situation

Below are a number of key findings from assessing our current situation in Colorado, in addition to those already stated.

- Despite their prevalence across demographic and socioeconomic categories, Behavioral Health Conditions are misunderstood and stigmatized in a way that deters people with mental health and substance use conditions from getting the help they need.
- An excess of people with Behavioral Health Conditions lack access to the quality education, support, and care needed to effectively manage mental health and maintain healthful, pro-social behaviors.
- In a large number of cases, people with Behavioral Health Conditions in prisons and jails need care from health care providers' offices, mental health centers,

"From doctors to legislators to patient advocates to sheriffs...nearly everyone is in agreement on how we can improve behavioral health outcomes for Coloradans. Let's not leave it to be addressed in our jails, and emergency rooms, and prisons. Let's use this momentum to bring together the work we've already begun to create a comprehensive statewide behavioral health plan that makes our system easier to navigate, more efficient, and more responsive."

Gov. John W. Hickenlooper, 2017 State of the State

and community-based organizations, not the services administered in correctional and detention facilities.

- The systems within Colorado State Government are not coordinated in an optimal way. Rather, Colorado systems often operate as independent entities with their own goals, measures, funding streams, and legal constraints, with little awareness of or linkages to related work being done in other areas.
- Providing health support and care in education, health, and other civil settings produces more positive outcomes than behavioral interventions involving law enforcement, the courts, and corrections.
- There are a number of existing programs and practices across Colorado that provide excellent services and interventions. However, significant hurdles remain in addressing the larger societal problems.

A Vision for Colorado

The vision and desired future Colorado developed by the Task Force is to:

Contribute to Colorado's effort to be the healthiest state by achieving sustainable systems and strategies that reduce and prevent incarceration and justice-involvement by supporting positive behavioral health outcomes, promoting public safety, optimizing taxpayer dollars, and improving lives.

Goals & Actions to Achieve the Vision

Improving behavioral health outcomes in Colorado includes preventing unnecessary interactions with the criminal justice system, as well as providing better continuity of care for those within and leaving that system. Mental health and healthful, pro-social behaviors are most properly supported by educational, clinical, and therapeutic interventions and systems that aim to preserve individual and public safety, destigmatize mental health and substance use conditions, reduce harm, and promote economic integration and community prosperity. To these ends, the Task Force has developed three high-level goals to support the vision for Colorado, and two high-level actions to support the actualization of the goals. Together, these goals and actions compliment and build upon innovative behavioral health and justice reforms and reinvestment work already underway across Colorado.

- ***Goal #1:*** **Normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment.**
- ***Goal #2:*** **Ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner.**
- ***Goal #3:*** **Divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration while balancing public safety through appropriate support, intervention, and treatment.**
- ***Action #1:*** **Improve data systems in order to better match populations to interventions to better outcomes.**
- ***Action #2:*** **Improve collaboration and coordination to promote cooperative solutions among executive branch agencies, counties, judicial districts, municipalities, behavioral health systems, and service providers.**

Table 1. Strategic Goals and Objectives

Goal #1: **Normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment**	
Sub-Goals	*Objectives*
Support, educate, and train public safety decision-makers so that they consider the Behavioral Health Condition(s), the severity of the crime, and achieving the best outcomes for the individual and the community	• Increase training and education opportunities between intervening professionals and consumers
	• Increase Justice Coordinating Committees around Colorado, increasing opportunities for collaboration between intervening professionals
Support, educate, and train health care providers and policy makers in developing empathy and understanding of behavioral health and justice-involvement to achieve better outcomes for the individual	• Increase training and education opportunities for health care providers about the impact of justice-involvement and the justice system
	• Increase training and education opportunities for policy makers about the impacts of justice-involvement and Behavioral Health Conditions
Support and educate the public in developing empathy and understanding for individuals with justice-involvement and Behavioral Health Conditions	• Deploy public awareness campaigns that destigmatize Behavioral Health Conditions and justice-involvement
	• Promote the usage of person-first language
Goal #2: **Ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner**	
Sub-Goals	*Objectives*
Improve behavioral health outcomes using high quality and evidence-based support and treatment	• Implement evidence-based behavioral health programming that improves long term health and well-being
	• Conduct ongoing evaluations of programs to ensure fidelity to evidence-based models and programming
Coordinate state agencies, county administrators, and community partners in order to execute an efficient delivery system that ensures timely and equitable access to services and aligns funding streams	• Organize behavioral health funding across the state to prioritize outcomes and service delivery systems that support the needs of local populations and unique community needs
	• Create care transition processes between justice facilities and community providers that ensure timely access to care
Goal #3: **Divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration while balancing public safety through appropriate support intervention, and treatment**	
Sub-Goals	*Objectives*
Optimize points of service for people in behavioral health crisis	• Reduce reliance on emergency departments and acute care services for people in behavioral health crisis
	• Increase capacity and utilization of community-based behavioral health and crisis services
Focus on upstream interventions and make investments in systems that reduce reliance on correctional facilities for adults and juveniles with Behavioral Health Conditions	• Reduce Colorado prison, jail, detention, and commitment admissions and lengths of stay of those with mental health and substance use conditions
	• Reduce recidivism from Colorado Department of Corrections and Division of Youth Services of those with Behavioral Health Conditions

Vision

Contribute to Colorado's effort to be the healthiest state by achieving sustainable systems and strategies that reduce and prevent incarceration and justice-involvement by supporting positive behavioral health outcomes, promoting public safety, optimizing taxpayer dollars, and improving lives.

Introduction

Colorado is not unique in facing challenges at the intersection of behavioral health and the criminal justice system. In 44 states across the country, a jail or prison holds more individuals with mental health conditions than the largest remaining state psychiatric hospital.[i] According to the Treatment Advocacy Center, one in ten of all law enforcement responses involves an individual with an untreated serious mental health condition.[ii]

A disproportionate number of individuals with mental health or substance use conditions ("Behavioral Health Conditions") are caught up in the justice system, often without the adequate level of rehabilitative treatment they need. Not only does this undermine the potential for justice-involved individuals with Behavioral Health Conditions to live more fulfilling lives and become more productive members of the community, it also misdirects public resources towards the revolving doors of the justice system. Many Coloradans frequently cycle through multiple levels and branches of government services for years, often ending up involved in our criminal justice system, and sometimes repeatedly.

In recent years, Colorado has made great strides toward achieving its goal of becoming the "healthiest state"[iii] by expanding access to integrated primary care and behavioral health care, dedicating resources to a full continuum of crisis services, dramatically reducing the number of Coloradans who are without health insurance, and promoting healthy eating, active living, and general well-being. Amidst notable progress, Colorado continues to face major challenges at the intersection of behavioral health and the criminal justice system.

Colorado jails and prisons are one of the largest behavioral health providers in the state. Within these institutions, the inmate population is largely comprised of people with mental health or substance use conditions. Facts like these are not isolated to adults: 70 percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a serious mental health condition.[iv]

In fiscal year 2017-2018, of the roughly 21 thousand individuals who were incarcerated in the Colorado Department of Corrections ("CDOC"):

- 40 percent had mental health diagnoses;
- 9 percent had serious mental health conditions;
- 74 percent had substance use conditions; and
- 31 percent had co-occurring conditions.

In order for Colorado to be the healthiest state, Colorado must correct the imbalance between the health and justice systems by employing sustainable strategies to reduce incarceration and justice-involvement by supporting positive behavioral health outcomes, promoting public safety, optimizing taxpayer dollars, and improving lives.

The Behavioral Health and Criminal Justice Task Force

In 2017, Governor John Hickenlooper assembled the Behavioral Health and Criminal Justice Task Force (the "Task Force"), comprised of members and organizations that represent diverse views in order to provide the necessary expertise and experience relating to behavioral health and criminal justice policy in Colorado. Between July 2017 and February 2018, the Task Force outlined the strategy in *Steps to Health and Justice¸ Colorado's Plan to Improve Behavioral Health Outcomes and Reduce Reliance on the Criminal Justice System* (the "Plan") through a series of meetings and discussions.

Strategic Planning Framework

As part of the strategic planning process, the Task Force implemented a framework in which the group developed an overarching *vision* and three supporting, high-level *goals* (which are each further clarified by sub-goals), along with *objectives* for each goal and *strategies* to achieve the objectives and goals. In addition, the group identified two actions that are critical to accomplishing the vision, goals, and objectives over the coming years.

The Plan is intended to provide a guide for state agency decisions, future legislation, budgetary decisions, and policy for this and future administrations. We respectfully encourage future administrations to consider the priorities and recommendations to help accomplish the goals and strategies set forth in this Plan.

Strategic Goals

Improving behavioral health outcomes in Colorado includes preventing unnecessary interactions with the criminal justice system, as well as better continuity of care for those entering, already within, or leaving the system. Mental health and healthful, pro-social behaviors are most properly supported by educational, clinical, and therapeutic interventions and systems that aim to preserve individual and public safety, destigmatize mental health and substance use conditions, reduce harm, and promote economic integration and community prosperity. In support of the vision, Colorado can work together to accomplish these strategic goals over the next 15 years:

1. Normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment;
2. Ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner; and
3. Divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration and while balancing public safety through appropriate support, intervention, and treatment.

To the greatest extent possible, the goals and strategies are reflective of and built upon innovative behavioral health and justice reforms and reinvestment work already underway across Colorado. Please refer to the *Evaluation of Existing Programs and Practices* section and *Appendix C: Colorado Interventions Mapping* for information on existing programs.

Goal #1: Normalize Behavioral Health Conditions

Behavioral Health Conditions are common, and no individual or demographic category is immune to the risk of a Behavioral Health Condition or crisis.[v] Approximately one in five adults in the U.S., or 44.7 million people,[vi] experience challenges with their mental health in a given year, and around one in ten Coloradans report poor mental health.[vii] The frequency of substance use has been steadily increasing. In 2016, approximately 20.1 million people age 12 or older had a substance use condition,[viii] with Colorado ranking in the top quintile in 2015 for consumption of all four drugs tracked by the Substance Abuse and Mental Health Services Administration ("SAMHSA"): opioid painkillers, alcohol, cocaine, and marijuana.[ix]

Despite their prevalence, Behavioral Health Conditions are misunderstood and stigmatized in a way that negatively affects responses, attitudes, and habits of speech across a myriad of systems, ultimately deterring people with Behavioral Health Conditions from getting the help they need. More than one in four individuals who did not receive necessary mental health care said they did not seek help, in part, because they were worried about negative consequences of others finding out about their condition.[x] Colorado would benefit from setting and widely disseminating clear standards for non-discriminatory, person-centric language and practices in order to erode the stigma, accumulated over generations, that prevents individuals and their families from acknowledging their need for support and seeking care.

What is a **person-centric** approach? A high-quality approach to support and care is person-centric, being focused on the well-being, healing, and healthy development of the individual consumer. At every point of service, the objective can be to recover and restore the person, to himself or herself, to his or her family, and to the community, with dignity and respect. By expanding access to quality person-centric and wholly integrated primary and behavioral health care, we promote mental health and pro-social behavior across the community. (Please see

Strategic Goal #1 is to normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment. We recommend strategies to increase awareness and understanding of Behavioral Health Conditions and treatment options, respecting the individuals who are impacted by these conditions. The sub-goals, objectives (measures of change), and strategies for Goal #1 are further delineated in Table 2.

Table 2. Strategic Goal #1

***Goal #1*: Normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment**	
Sub-Goals	***Objectives***
Support, educate, and train public safety decision-makers so that they consider the Behavioral Health Condition(s), the severity of the crime, and achieving the best outcomes for the individual and the community	Increase training and education opportunities between intervening professionals and consumers • Increase in the percentage of law enforcement agencies with Crisis Intervention Training ("CIT") officers • Increase in the percentage of law enforcement agencies with mental health first aid training • Create and disseminate education resources to encourage law enforcement to tap into behavioral health resources such as the crisis hotline and OpiRescue; this includes anti-stigma training to better understand substance use treatment and treatment services
	Increase Justice Coordinating Committees around Colorado, increasing opportunities for collaboration between intervening professionals • Increase in the number of Judicial Districts with Justice Coordinating Committees or similar approaches • Increase in the number of Judicial Districts with a Juvenile Justice Assessment Center or similar approaches
Support, educate, and train health care providers and policy makers in developing empathy and understanding of behavioral health and justice-involvement to achieve better outcomes for the individual	Increase training and education opportunities for health care providers about the impact of justice-involvement and the justice system • Increase in the percentage of public health professionals who complete anti-stigma trainings • Increase person-centric and trauma-informed training • Increase opportunities for education on the consumer experience through the justice system • Increase opportunities for education regarding "how" the justice system works
	Increase training and education opportunities for policy makers about the impacts of justice-involvement and Behavioral Health Conditions • Increase in the percentage of public health decision-makers who complete anti-stigma trainings • Increase opportunities for education on the consumer experience through the justice system

Support and educate the public in developing empathy and understanding for individuals with justice-involvement and Behavioral Health Conditions	Deploy public awareness campaigns that destigmatize Behavioral Health Conditions and justice-involvement • Increase the number of statewide public awareness programs • Increase the number of county and local public awareness programs
	Promote the usage of person-first and person-centric language • Evaluate state agency programming language to align with person-first language • Encourage communities to adopt person-first language

Strategy Recommendations

Awareness

- Encourage communities to conduct public awareness campaigns that normalize and destigmatize Behavioral Health Conditions
- Encourage organizations to measure stigma through "stigma scales" (standardized measure of the stigma of Behavioral Health Conditions)

Respect

- Encourage state agencies to adopt person-first language
- Encourage communities to adopt person-first language
- Devise methods to incentivize state- and systems-wide adoption of standards for non-discriminatory, person-centric language and practice
- Develop and provide anti-stigma trainings for health care providers and policy makers

Training & Education

- Develop curriculum and disseminate training for the Office of Behavioral Health ("OBH"), Colorado Department of Public Health and Environment ("CDPHE), Division of Youth Services ("DYS"), and CDOC pilots
- Educate and train judges on alternatives to incarceration for individuals with Behavioral Health Conditions

Goal #2: Ensure Equitable Access

Far too many people with Behavioral Health Conditions who would benefit from treatment lack access to treatment. Nearly half of all individuals with severe mental health conditions receive no treatment for their condition at any given time.[xi] In 2016, an estimated 17.7 million adults needed but did not receive specialty substance use treatment.[xii] In the same year, nearly 8 percent of Coloradans—more than 337 thousand people—reported a failure to receive necessary mental health services.[xiii] According to a recent report by Mental Health America, Colorado ranked 43rd in the nation for its management of mental health.[xiv] Of the 64 counties in Colorado, 39 counties do not have a practicing psychiatrist and 22 counties do not have an active, licensed psychologist. Not surprisingly, 34 percent of Coloradans who were unable to access needed mental health care had trouble scheduling an appointment.[xv] Similarly, Colorado has ranked in the top fifth for substance use, but low in accessing treatment.[xvi]

People with Behavioral Health Conditions—some of Colorado's most vulnerable populations—remain at risk of not having access to the quality education, support, and care needed to effectively manage mental health and maintain healthful, pro-social behaviors. Rather than invest in public health solutions, we have come to rely increasingly on our justice system to provide these services. For example, instead of offering mental health treatment in a mental health setting, or consistently and equitably referring students for behavioral health support in educational settings, we have allowed our youth facilities, jails, and prisons to be the ill-equipped providers of these services in the majority of cases. A public health solution is necessary to solve what has been allowed to become a public safety problem.

Strategic Goal #2 is to ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner. We recommend person-centric and trauma-informed strategies that will help achieve this goal. The sub-goals, objectives (measures of change), and strategies for Goal #2 are further delineated in Table 3.

Table 3. Strategic Goal #2

Goal #2: **Ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner**	
Sub-Goals	***Objectives***
Improve behavioral health outcomes using high quality and evidence-based support and treatment	Implement evidence-based behavioral health programming that improves long term health and well-being • Increase the number of counties using evidence-based programs and practices • Increase the number of providers using evidence-based programs and practices • Increase the number of consumers cared for through evidence-based programs and practices • Regularly collaborate with providers to expand programs and practices that are based on evidence
	Conduct ongoing evaluations of programs to ensure fidelity to evidence-based models and programming • Increase opportunities for program staff training regarding implementation and fidelity
Coordinate state agencies, county administrators, and community partners in order to execute an efficient delivery system that ensures timely	Organize behavioral health funding across the state to prioritize outcomes and service delivery systems that support the needs of local populations and unique community needs • Increase data sharing and transparency across agencies related to service utilization in order to ensure efficiencies and efficacy • Streamline and efficiently coordinate duplicative funding for services across agencies
	Create care transition processes between justice facilities and community providers that ensure timely access to care • Increase the percentage of customers who receive substance use treatment service within 10 days of release from custody • Increase the percentage of customers who receive mental health

and equitable access to services and aligns funding streams	treatment service within 10 days of release from custody • Reduce the percentage of incidences of overuse and overdose of those incarcerated and released from custody • Increase the numbers of beds available in the Psychiatric In-Reach program within the CDOC, as well as psychiatric beds in a community-based setting • Increase the number of beds available for substance use treatment within the CDOC, as well as substance use beds in a community-based setting

Strategy Recommendations

Person-centric & Trauma-Informed

- Develop and implement programming that is person-centric and trauma-informed
- Increase consistency in the administration of medication regardless of justice-involvement
- Increase access to efforts that reduce or prevent harm to an individual

Effectiveness

- Increase access to behavioral health treatment options
- Incentivize innovative behavioral health programming that promotes health and well-being across the lifespan
- Promote multidisciplinary trainings to increase collaboration
- Incentivize the utilization of programs like CIT, Mental Health First Aid, and co-responder models
- Conduct member focus groups, member surveys, and member-driven design workshops to identify areas of success and improvement
- Conduct consumer surveys and focus groups to determine consumer experience with services
- Evaluate effectiveness of standards and programming to ensure fidelity and impact
- Monitor funding stream expenditures by relevant agency, stakeholder, or program
- Implement recommendations of Western Interstate Commission for Higher Education Behavioral Health Funding Study of November 2016[xvii]
- Align siloed funding across state departments to minimize the administrative burden and expense, and prioritize the spending of money on services
- Increase access to approaches that reduce or prevent overdoses, including access to and training for the usage of NARCAN or Naloxone
- Increase the number of individuals released from custody who have a treatment plan in place

Goal #3: Divert and Deflect

Colorado has made progress to change how we address behavioral health and treatment in our adult and juvenile correctional facilities. While this is an important step in the right direction, the most important steps toward health and justice are the ones we take to address behavioral health within the community. More often than not, care is best administered in health care providers' offices, mental health centers, and community-based organizations, rather than in our prisons, jails, and juvenile facilities.

Although some individuals require the specific rehabilitation that the justice system offers, most do not. Avoidable and inappropriate incarceration highlights the need for support and treatment in health and educational settings. For example, the Denver County Jail reported that on any given day 25 percent of their inmates (roughly 500 to 550 people) were receiving psychiatric care or medication for mental health.[xviii] Furthermore, "many of them were picked up for trespassing or failure to appear in court, and they are picked up repeatedly, spending days or even months behind bars."[xix] Communities across Colorado, including Denver, have used alternatives to incarceration. Studies show that pretrial diversion programs achieve positive outcomes for participants. These outcomes include less time spent incarcerated, avoidance of criminal convictions that make finding gainful employment and secure housing difficult, and improved substance use and mental health outcomes.[xx]

Every effort should be made to provide support and treatment that prevent incarceration, while also supplying the incarcerated population with more appropriate behavioral health prevention, intervention, and treatment options. This approach will minimize peoples' interactions with the justice system and ensure that interactions are rehabilitative, re-integrative, and restorative. Managing health conditions through the justice system comes with a varying degree of skills, expertise, and resources. Diverting and deflecting people with health conditions into health care systems appropriately matches skills and services yielding:

- Improved health and economic outcomes for the individuals;
- A more efficient judicial system, including cost- and time-effectiveness;[xxi]
- A correctional system better able to restore rehabilitated individuals to the community; and
- A public safety system that can focus its efforts on violence and crime prevention.

Strategic Goal #3 is to divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration while balancing public safety through appropriate support, intervention, and treatment. We recommend strategies relating to diversion, treatment while incarcerated, and reentry in support of this goal. The sub-goals, objectives (measures of change), and strategies for Goal #3 are further delineated in Table 4.

Table 4. Strategic Goal #3

Goal #3:	**Divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration while balancing public safety through appropriate support, intervention, and treatment**
Sub-Goals	***Objectives***
Optimize points of service for people in behavioral health crisis	Reduce reliance on emergency departments and acute care services for people in behavioral health crisis • Monitor utilization patterns for people in behavioral health crisis across the human lifespan • Sustain and expand participation in Senate Bill 17-019 and Senate Bill 17-207 Pilots • Increase the number of law enforcement drop-offs at Crisis Stabilization Units ("CSU")
	Increase capacity and utilization of community-based behavioral health and

	crisis services • Increase both the number of pre-trial diversion programs and the utilization of each program in judicial districts • Increase the number of counties that are employing Law Enforcement Assisted Diversion (LEAD) and co-responder behavioral health interventions • Increase the number of school districts forming diversion-oriented partnerships with behavioral health providers
Focus on upstream interventions and make investments in systems that reduce reliance on correctional facilities for adults and juveniles with Behavioral Health Conditions	Reduce Colorado prison, jail, detention, and commitment admissions and lengths of stay of those with mental health and substance use conditions • Set and achieve a reduction in the percentage of those incarcerated with Behavioral Health Conditions in CDOC • Encourage county jails and judicial districts to set and achieve a percentage reduction in the admissions for those with Behavioral Health Conditions • Encourage county jail and judicial districts to set and achieve a percentage reduction the lengths of stay for those with Behavioral Health Conditions • Set and achieve a reduction in the percentage of detention and commitments of juveniles with Behavioral Health Conditions in DYS • Encourage the increase use of screening for Behavioral Health Conditions at county jails
	Reduce recidivism from CDOC and DYS of those with Behavioral Health Conditions • Increase the percentage of members enrolled in Health First Colorado and linked to a health plan prior to release • Increase the number of members with Behavioral Health Conditions with a pre-release, documented transition plan • Increase the number of members with a Behavioral Health Condition treatment appointment within 30 days of release • Increase the number of members with a physical health appointment within 30 days of release • Increase the number of members screened for trauma and social needs, such as housing, education and vocational training, employment, and food insecurity, prior to release
Strategy Recommendations ***Diversion*** • Increase access, capacity, and utilization of community-based behavioral health and crisis services • Increase LEAD programs across Colorado • Increase Co-Responder model programs across Colorado • Increase the use of screening for mental and behavioral health prior to charging, sentencing, and incarcerating individuals detained for "low-level" offenses • Increase access to pre-trial services • Support the Colorado Department of Health Care Policy and Financing ("HCPF") and other state agencies investing in strategic planning efforts specific to justice-involved populations	

- Continue the expansion of Senate Bill 094 program for juveniles

Treatment while Incarcerated

- Increase efficiency of jail-based programming to minimize incarceration time and smoothly transition to alternative treatment services
- Increase access to substance use and mental health services in CDOC, county jails, and DYS
- Increase access to Psychiatric In-Reach Program at CDOC

Reentry

- Increase the usage of pre-release and documented transition plans for members with Behavioral Health Conditions
- Increase care continuity for those with Behavioral Health Conditions by ensuring facility-based records are transferred to community-based partners in a timely manner
- Schedule members with a Behavioral Health Condition for an appointment in less than 30 days from release
- Schedule members with a physical health appointment in less than 30 days of release
- Increase screening for trauma and social needs, such as housing, education and vocational training, employment, food insecurity, prior to release

Actions

The Task Force identified two actions for Colorado to take, to best serve the needs of Colorado in achieving the vision, goals, and strategies laid out in this Plan.

Action 1: Improve Data Systems

Action #1: Improve data systems in order to better match populations to interventions to better outcomes.

Colorado's ability to better serve behavioral health-affected populations, and particularly the ability to impact their continuity of care, is all too often hampered by systemic constraints. The interactions across government systems, especially with regard to justice-involved individuals with Behavioral Health Conditions, are disjointed in Colorado. State agencies can use data more efficiently to realign programs to better meet consumer needs. Without the ability to collect and analyze reliable, valid data, Colorado will continue to be reactive in its responses. Improved data systems will enable Colorado to proactively match individuals to the services and programming they need to achieve better outcomes. While it may be impossible for Colorado to mandate a universal system, the Task Force encourages practitioners around Colorado to:

1. Create a clear set of data collection guidelines for law enforcement agencies and county jails;
2. Devise manners of incentivizing local adherence to a common guideline, while respecting regional and community needs;
3. Ensure that these guidelines are known best practices for tracking law enforcement interventions;

4. Conduct health assessments upon intake, make referrals, and divert appropriate individuals to health systems;
5. Continue efforts to better improve quality and accuracy of health records from health care providers; and
6. Compare existing public safety data with electronic health records in order to enhance continuity of care across systems.

Colorado's physical and behavioral health care systems have made important advances in data integration in recent years which has contributed to improvements in health outcomes and reductions to systems costs. While not fully integrated yet, the advances in health data systems and applications may serve as models for similar advances in the public safety arena. While health systems data serve to support the integrated purposes of assuring quality care, provider accountability, and accurate billing, law enforcement systems data should support the purposes of justice, equity, and value-creation.

Action 2: Improve Collaboration and Coordination

Action #2: Improve collaboration and coordination to promote cooperative solutions among executive branch agencies, counties, judicial districts, municipalities, behavioral health systems, and service providers.

Colorado is rich in human talent, expertise, resources, and innovative programming, but efforts are diffused and impact diminished by weak communication, siloed departments, poor coordination, and inconsistent funding. The patchwork of interventions lacks coordination, limiting the utilization of synergies that could improve outcomes and, instead, creating unnecessary burdens on state and local entities. Improving how information and expertise is shared among intervening professionals is central to Colorado's long-term success and sustainability for supporting positive behavioral health outcomes and reducing justice-involvement. Ensuring that information flows quickly, efficiently, and effectively across educators, consumers, primary care and behavioral health providers, and law enforcement agencies will lead to improved public health outcomes.

The agencies within the Colorado State Government are not presently coordinated in a person-centric manner across the human lifespan to meet the shared goals of ensuring the best outcomes for each individual and achieving the greatest efficiencies in resources. Instead, each state agency is an independent entity with its own goals and measures, funding streams, and legal constraints, with little awareness of related work being done in other areas. As a consequence of this poor coordination across systems and inconsistent focus on the individual's outcomes, people with Behavioral Health Conditions are not optimally served.

Colorado can better coordinate efforts, while respecting the autonomy and authority of local jurisdictions, to achieve more effective communication and collaboration across local government entities, law enforcement agencies, service providers, and state agencies.

Evaluation of Existing Programs and Practices

Since the deinstitutionalization of state mental health hospitals in the 1960s, there has been a significant increase in both the number and percentage of individuals in the American criminal justice system with Behavioral Health Conditions. Mental health and substance use conditions occur in every neighborhood, affecting both juveniles and adults. Colorado has begun to change how it promotes mental health and pro-social behaviors in communities, jails, prisons, and juvenile justice facilities, and many recent efforts across Colorado are moving the state in the right direction. However, the absence of a statewide strategic plan—including standards for data collection and protocols for sharing information across agencies charged with supporting population health—has created a patchwork of solutions that lack coordination and further exacerbate the disjointed efforts.

Nevertheless, a number of innovative, efficient, and effective programs around Colorado offer services along a continuum of interventions over the course of the human lifetime. Though no Colorado community is without serious gaps in supporting a person's transitions, there is a growing understanding that achieving the goal of becoming the healthiest state is within our reach in the next 15 years if we can align efforts and data to take a person-centric approach. Person-centric approaches support healthful human development in early childhood, then through formalized education, then through vocational and professional development to employment, residential independence, and adult civic engagement, and finally, into secure old age and death with a maximum of dignity and a minimum of pain.

There are a number of programs that are currently in implementation in Colorado that create alternatives to incarceration and pathways to improved population health. While enforcement and mental health partnerships remain undeveloped or in very early stages across most of the state, Colorado's programs are among the best in the nation. These programs struggle with limited term funding and the barriers that arise from poor systems coordination and a lack of shared objectives. In addition to the information contained in this section, each area is further elaborated on in *Appendix C: Colorado Interventions Mapping*.

Education and Childhood

Childhood is a key opportunity for preventative interventions that can improve the health outcomes for the child *and* the entire family. However, across Colorado communities, there is a prevalent upstream disconnect between education and health care. Early, quality, person-centric, evidence-based, and supportive interventions are critical to healthy early childhood development, successful community integration, and reduced involvement in the criminal justice system. Research shows that high-quality birth-to-five programs for disadvantaged children can deliver a 13 percent per year return on investment—a rate substantially higher than the 7 to 10 percent return previously established for preschool programs serving 3- to 4-year-olds.[xxii] The best of such early childhood leadership collaborations focus on systems-level changes and grade-level cohort outcomes tracking that prioritize person-centric service and coordinated care. Recognizing that responsibility for successful human development is shared by individuals and their families, some Colorado counties have regularized the convening of leaders and stakeholders across sectors to strengthen and connect systems so that all children

are supported in their social development and emotional well-being in a culturally responsive and "whole family", or multigenerational ("Two Generation" or "2Gen"), manner.

Examples of existing programs and practices include:

- Project LAUNCH and Launch Together, building partnerships between schools and behavioral health providers;
- Early childhood mental health specialists, service programs, and clinicians providing prevention, intervention, and treatment services; and
  County human services departments, identifying, preventing, and responding to child abuse or neglect.

Behavioral health and justice-involvement have long-term and multi-generational impacts. The support that adults and juveniles receive today will continue to have downstream effects for the individuals as well as their children. We need to take a longer-term view that spans political cycles and focuses on the youth and adults of today and tomorrow, and increase the adoption of 2Gen approaches that provide holistic services to children and their adult caregivers simultaneously. In this way, Colorado will have a generation of young adults who will have been strongly supported in their mental health and in the development of pro-social behaviors, and who will have the capacity to successfully navigate through their substance-abundant environment. The result will be lower rates of Behavioral Health Conditions and negative impacts, including those that trigger justice-involvement.

Access to Care

Having access to the right kind of care at the right time is critical for achieving the best behavioral health outcomes. Below are a number of the key issues in access to care:

- Over reliance on law enforcement and criminal justice interventions for the management of behavioral health;
- Excessive delays in accessing behavioral health care support;
- Segregation of mental health care from substance use care;
- Scarcity of resources across rural and frontier areas; and
- Stigma associated with behavioral health, causing people with Behavioral Health Conditions not to seek or accept treatment.

Improvements and coordination can be made to academic programs, licensing regulations, privacy and confidentiality regulations, staffing requirements, and payment mechanisms with the concepts of health care integration and population health management. One existing program is Colorado Crisis Services, which serves as an efficient alternative to arrest.

Supportive Housing and Harm Reduction

One of the key upstream interventions for supporting health and reducing justice-involvement is the creation of Permanent Supportive Housing ("PSH"). This approach provides safe, stable

housing for individuals with Behavioral Health Conditions. Studies have shown that PSH not only increases housing stability, but improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.[xxiii] PSH and harm reduction interventions provide many behavioral health-related public benefits, including that they cost significantly less than arrest, incarceration, and criminal justice processing, reduce the spread of infectious diseases, and provide a diversion from law enforcement and criminal justice-involvement.

The current inventory of PSH is not adequate for the level of need. So, Colorado has an opportunity to coordinate continuing development of housing to meet regional need, track outcomes, and tie those outcomes to reduced reliance on jails and the justice system.

Harm reduction interventions accept substance use as part of the human experience, and seeks to reduce the harm associated with that use. Examples of existing harm reduction interventions include syringe access and exchanges, naloxone distribution, and other overdose prevention strategies. Colorado is preparing to begin four LEAD programs across Colorado to provide intensive case management. These types of innovative programs must be preserved and rewarded.

Law Enforcement Training and Transformation

Colorado communities are pioneering a culture shift towards early diversion, co-responder, CIT, and LEAD models. For example:

- Behavioral health counselors work in teams with police officers as first-responders to deescalate crises and divert people to resources and systems of care;
- Cross-regional interagency staff exchange co-operations offer rural staff coverage from visiting urban agencies staff while rural staff take training; and
- Mental Health First Aid programming is used to provide officers who have not yet received CIT training with some preparation for crises.

In Colorado, law enforcement and mental health partnerships remain undeveloped or in very early stages, and outcomes data is scarce. Reported barriers to the effectiveness of law enforcement and mental health partnerships include insufficient funding, data sharing, staff training, and transportation resources. The cultivation of effective law enforcement and mental health partnerships, and consistent data collection regarding the efficacy of any programming, must be a priority for Colorado.

Pretrial Interventions

Pretrial interventions aim to improve outcomes for those proceeding through the justice system by stabilizing the defendant clinically, materially, socially, and spiritually to promote recovery and successful community integration. District attorneys work with public defenders and behavioral health providers to divert charged individuals into a system of care and allow them to move forward without a harsh history of justice-involvement, which could present a barrier to self-sufficiency. Some Colorado counties are among the nation's leaders in pretrial interventions designed to divert people away from criminalization within the justice system and into effective systems of support and care.

Specialty Courts

Colorado judicial districts have specialty courts that acknowledge the prevalence of behavioral health needs among the justice-involved, and work to integrate out-of-custody treatment with criminal sentencing to promote better outcomes for people whose behavioral health has led to justice-involvement.

Corrections

An inmate's experience while incarcerated can significantly impact the person's behavioral health. There are numerous efforts that improve behavioral health outcomes while in custody and set people up for successful reintegration in the community. The Colorado Department of Human Services ("CDHS") Jail-Based Behavioral Services ("JBBS") program provides services for adults in custody with substance use conditions. Despite these efforts, access to quality person-centric care in custody is very limited. Colorado has an opportunity to invest in jail and prison infrastructures and correctional workforce development reflecting national and international best practices.

Reintegration

People with histories of justice-involvement and Behavioral Health Conditions face considerable stigma and challenges when seeking to integrate with their communities. Agencies and organizations providing reentry support do important work, including providing and coordinating vocational and traditional education to improve worker vocational capacity.

Data and Community Coordination

Behavioral health and criminal justice data can be used to inform strategic planning work. Colorado's behavioral health and criminal justice committees coordinate efforts and resources for managing the behavioral health of the population, create standards and memoranda of understanding for collecting and sharing data, and promote interagency cooperation in the pursuit of measurable outcomes.

Policy Reform and Culture Change

Central focuses of policy reform and cultural change in Colorado include the following:

- *Substance use*: Legal marijuana and the opioid epidemic have contributed to the reframing of substance use as a public and personal health issue, rather than as a criminal issue. People are becoming more aware that substance use conditions (including alcohol use) are a chronic disease that can be managed and treated—especially when stigma and criminalization are removed as barriers to accessing support and care.
- *Trauma-informed care and facility design*: The focus on trauma combined with a growing trend of considering the influence of adverse childhood experiences on health, and the value of cultivating positive behavioral health across the lifespan.
- *Stigma*: Early works in progress across Colorado include the reduction of stigma associated with behavioral health, equitable access to care, payment for care, reimbursement for providers, and school and workplace accommodations.

The increasing awareness at the intersection of behavioral health and criminal justice makes the strategic rebalancing of investment away from prosecution and punishment, and toward prevention and health-based crisis response both timely and practical.

Young people are a distinct population warranting specific and prioritized coordination and funding for near-term behavioral health support, treatment, and guidance, as well as for long-term assessment of the success of this coordinated effort. Today's youth face all the usual uncertainties faced by their parents, such as adverse childhood experiences, emotional disturbances, and risk of being unsupported in their behavioral health. Based on current outcomes, children are at an unacceptably high risk of becoming addicted to substances or experiencing mental instabilities—and of being criminalized for those vulnerabilities. With systematic supports from early childhood through adulthood, Colorado can secure healthful maturity and meaningful civic engagement for all of its citizens.

Budget Priorities

Over the next 15 years, administrations will create priorities and budgets. The Task Force encourages thoughtful consideration of the vision, goals, objectives, and strategies set forth in this Plan, as well as the primary proposition that Colorado should rebalance its investment in community resources.

Spending on upstream prevention and intervention programs intended to support the healthful development and community integration of all Coloradans, including the most vulnerable, must be a high priority for Colorado. Providing health support and care in education, health, and other civil settings is less costly and produces more positive outcomes than behavioral interventions involving law enforcement, the courts, and corrections. Continued justice system spending can be more closely aligned with behavioral health management objectives to produce positive outcomes, while continuing to prioritize re-investment in upstream programs and interventions.

The Task Force recognizes that there are limited resources, and that difficult choices have to be made. With that said, the more Colorado can dismantle silos, increase coordination, and promote mental health and pro-social behaviors, the more Colorado can reduce over-reliance upon the justice system, and optimize outcomes for those individuals who become justice-involved. Thus, we recommend the following objectives for future budgets:

1. Expand and enhance existing programs and services to improve access to support, safety, and treatment;
2. Align programming with evidence-based best practices and incentivize innovation (as outlined in *Appendix D: Research and Evidence-Based Policy*);

3. Promote the dismantling of silos across systems to ensure better coordination of resources;
4. Create mechanisms to scale innovative and community-based initiatives identified as promising practices through proofs of concept and pilots;
5. Ensure alignment of budgeting process of the Colorado Departments of Local Affairs ("DOLA"), Education ("CDE"), Labor and Employment ("CDLE"), CDOC, HCPF, CDHS, CDPHE, and Public Safety ("CDPS") with the goals and objectives of this Plan;
6. Establish specific mental health and pro-social behavior health performance and program outcomes associated with expanded access to quality person-centric care across the lifespan in contracts with vendors that are consistent with the goals and objectives of this Plan;
7. Expand the usage of peer-to-peer programming;
8. Expand the adoption of 2Gen approaches across government and non-governmental partners to more effectively address family needs and to break the cycle of intergenerational incarceration;
9. Expand the number of beds available both for psychiatric in-reach and substance use for inmates in the CDOC, as well as for community-based psychiatric and substance use services;
10. Expand jail-based services that are high-quality and person-centric;
11. Create opportunities at jails to improve data quality and data sharing between jurisdictions and providers;
12. Establish mechanisms by which data can be shared between local and county partners with state agencies to ensure effectiveness and efficacy;
13. Invest in new technologies that modernize systems, avoid duplication, and promote efficiencies;
14. Further invest in approaches that promote prevention and penetrate into our classrooms, health care settings, and communities; and
15. Develop mechanisms that provide supports for other social determinants like housing, employment, education, and economic opportunity.

Conclusion

Colorado will continue its effort to be the healthiest state by pursuing sustainable systems and strategies that reduce and prevent incarceration and justice-involvement by supporting positive behavioral health outcomes, promoting public safety, optimizing taxpayer dollars, and improving lives. By expanding access to integrated primary and behavioral health care, Colorado can further promote mental health and pro-social behavior, thereby avoiding involvement with the justice system.

If Colorado is to realize its goal of becoming the healthiest state within the next 15 years, it must also be first among the states to take the coordinated steps toward health and justice that will serve to disentangle and heal both systems. To do this, Colorado must align resources and implement a strategic plan that will:

1. Normalize Behavioral Health Conditions so that stigma is no longer a barrier to support, safety, and treatment;
2. Ensure equitable access to high quality behavioral health support and treatment in an efficient and timely manner;
3. Divert and deflect people with Behavioral Health Conditions from inappropriate justice-involvement and avoidable incarceration while balancing public safety through appropriate support, intervention, and treatment;
4. Improve data systems in order to better match populations to interventions to better outcomes; and
5. Improve collaboration and coordination to promote cooperative solutions among executive branch agencies, counties, judicial districts, municipalities, behavioral health systems, and service providers.

Reaching Colorado's goal of being the healthiest state will mean reprioritizing the interactions between the justice system and the community towards a system that stabilizes and rehabilitates rather than contains individuals, increasing law enforcement's capacity for protecting and serving the people, and enabling the correctional system to better fulfill its purposes of preserving public safety while rehabilitating individuals in its charge.

By better coordinating efforts and resources to support positive behavioral health outcomes, Colorado has the opportunity to engender the fulfillment of human potential across lifespans and roles. Equipping individuals experiencing behavioral health challenges with health, educational, and other wraparound supports enables them to remain contributing members to the community. Those who serve these individuals will also experience greater well-being thanks to a more satisfying alignment of skills and effort with mission and outcomes. All will benefit from the greater economic prosperity yielded by a growing and diverse population of healthy, skilled, versatile, well-educated, and civically engaged Coloradans.

This Plan creates a path towards supporting the development of a person-centered and holistic approach to optimizing the potential of Colorado's most precious resources: its people. For, ultimately, it is the realization and cultivation of the untapped potential of its people, including their liberation from the constraints of poverty, ill health, and injustice, that is and will continue to be the focus of our great task.

Appendix A: Definitions

Co-Occurring means the coexistence of both a mental health and a substance use condition.[xxiv]

Crisis Intervention Team (CIT) is a program and a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental health and/or addiction conditions, their families and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with Behavioral Health Conditions access medical treatment rather than place them in the criminal justice system due to behavioral health related actions. It also promotes officer safety and the safety of the individual in crisis.[xxv] The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the "Memphis Model."

Crisis Stabilization Unit (CSU) are, according to the National Alliance on Mental Illness, small inpatient facilities with less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get him or her back into the community quickly.[xxvi]

Evidence-Based Programs are those that have had rigorous research evaluations completed on them and demonstrate that program activities lead to measurable outcomes, determined as a result of rigorous evaluations, such as randomized controlled trials or well-designed quasi-experiments that incorporate strong comparison group designs.

Harm Reduction is a set of practical strategies and ideas aimed at reducing the public health risks associated with drug use. Harm Reduction calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs, and the communities in which they live, in order to assist them in reducing harm.[xxvii]

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.[xxviii]

Integrated Care is the systematic coordination of general and behavioral healthcare. Integrating mental health, substance use, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.[xxix]

Intervening Professional as defined in Colorado Revised Statutes (C.R.S.) § 27-65-105 is either a:

- Certified peace officer;
- Professional person (a physician, psychiatrist, psychologist as defined in C.R.S. § 27-65-102(17));

- Registered professional nurse as defined in C.R.S. § 12-38-103(11), who by reason of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing;
- A licensed marriage and family therapist, licensed professional counselor, or addiction counselor licensed under part 5, 6, or 8 of article 43 of title 12, C.R.S., who by reason of postgraduate education and additional preparation has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders; or
- A licensed clinical social worker licensed under the provisions of part 4 of article 43 of title 12, C.R.S.

Mental Health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.[xxx]

Permanent Supportive Housing is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.[xxxi]

Person-Centered Care focuses on the well-being, healing, and healthy development of the individual consumer. At every point of service, the objective can be to recover and restore the person to himself or herself, to his or her family, and to the community, with dignity and respect.

Public Health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or world region.[xxxii]

Recidivism refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. Recidivism is measured by criminal acts that resulted in re-arrest, reconviction or return to prison with or without a new sentence during a three-year period following the prisoner's release.[xxxiii]

Stigma is when someone views a person in a negative way just because they have a mental health or substance use condition. Some people describe stigma as a feeling of shame or judgment from someone else. Stigma can even come from an internal place within oneself, confusing *feeling* bad with *being* bad. Navigating life with a mental health condition can be tough, and the isolation, blame and secrecy that are often encouraged by stigma can create huge challenges to reaching out, getting needed support, and living well.[xxxiv]

Substance Use Conditions occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.[xxxv]

Appendix B: Person-First Language Guidelines

by Aubrey Boggs and Kate Fitch, Colorado Mental Wellness Network

What is stigma?

Stigma widely refers to negative thoughts, attitudes, and feelings about a person based on a piece of their identity or experience. Mental health stigma, more specifically, refers to these negative attitudes directed toward people with mental health conditions. However, stigma is more than thoughts, attitudes, and feelings; it is a process. It involves:

Labeling human differences

For example, a mental health diagnosis is in itself a label. A certain constellation of behaviors, emotional states, and thinking patterns is labeled as a particularly diagnosis. Without proceeding to further stages, this element is essentially harmless.

Attaching preconceived ideas about the personal characteristics of an individual based on that label

For example, many individuals attach "potential for violence" to any person with a mental health condition regardless of whether or not they have a history of or potential to become violent.

Placing all labeled individuals in a homogenous group that is fundamentally different from unlabeled individuals

The term "mentally ill" is a good example of this phenomenon. People tend to group all individuals with mental health conditions into a single group called "the mentally ill" rather than recognizing that they are a large and diverse set of individuals with unique experiences, needs, and wants.

Using the above steps to cause status loss, shame, and exclusion of labeled individuals

As a result of the stigma process, many people with mental health conditions are not welcomed in certain workplaces, treated differently from their unlabeled classmates, or experience shame and social exclusion due to their health condition (Link & Phelan, 2001).

Further, there are different sources of stigma. The first, **public stigma**, refers to stigma that is placed on an individual by the general public and society at large. For example, public stigma can include the common prevailing belief that people with mental health conditions are inherently violent, resulting in heightened desire for social distance. The second, **self-stigma**, refers to stigmatizing beliefs and attitudes that have been internalized by the labeled individual themselves. For example, a person with a mental health condition may internalize

a false belief that they are unable to be a good friend due to their condition and therefore avoid relationships. (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012, p. 963). The third and final type of stigma is **institutional stigma**, which refers to stigma placed on labeled individuals by organizations (Disability Rights California). A common form of institutional stigma comes from treatment systems that attach beliefs about the hopelessness of a certain condition onto people that are perfectly capable of achieving recovery. Considering the complexity of the stigma process and the various sources that stigma can come from, it is no wonder that tackling the issue has posed such an enormous challenge to those seeking to end it.

Why is stigma harmful?

The prejudice and discrimination that are inextricably linked to stigma make it difficult for people living with mental health conditions to live well. The effects of stigma are far reaching and not only affect the wellbeing of people with mental health conditions, but also their ability to survive. For instance, a report from the Colorado Health Foundation (2016) found that 27.6% of Coloradans avoided seeking mental health treatment they needed because they "were concerned about what would happen if someone found out" (p.8) about their mental health conditions. This concern is not unfounded, considering that discrimination against people with mental health conditions often involves:

- Experiences of victimization
- Lack of access to higher education
- Inadequate mental and physical healthcare
- Difficulty finding and maintaining employment
- Increased likelihood of justice involvement or justice system contact
- Poverty, limited income, and potential homelessness
- Reduced life expectancy (Gronhold, Henderson, Deb, & Thornicroft, 2017)

Experiencing mental health stigma and discrimination make it difficult, if not impossible, to seek help for mental health conditions. When a person cannot meet their basic needs, it is unlikely they will be able to address their mental wellbeing. As Stuart (2016) explains, "stigmatization is entirely contingent on access to social and economic power" (p.2). The stigma of mental health often creates unsafe environments for people living with mental health conditions, resulting in a violent crime victimization rate for individuals with these conditions that is 10 times higher than the general population (U.S. Department of Health & Human Services, 2017). By breaking down stigma, we open doors for people struggling with mental health conditions to access the services and support they need to be able to address their mental health.

Why does ending stigma matter?

When communities work to end stigma, people find hope and are more willing to seek out support and treatment for mental health conditions. Experiencing discrimination, especially within the systems that are meant to serve people with mental health conditions, makes it difficult to hope for individual and societal wellness. Stigma is a social justice issue and it affects quality of life, equal rights, and access to services. Health inequity is a concern in many communities, and people with mental health conditions are particularly vulnerable to inequitable treatment in health systems, contributing to those individuals experiencing a

shorter lifespan. In order to end stigma and ensure that health care is equitable for all people, the voices of people with lived experience must be elevated and heard.
There are different approaches to ending stigma, with both targeted interventions and public campaigns. The tools listed in this resource guide will ideally provide a wide array of options so that different areas and agencies in Colorado can discover what best supports their local communities.

Creating effective stigma intervention

There is a variety of ways in which anti-stigma interventions can be implemented in communities, ideally in ways which best fit the needs and resources of the community in question. A good place is to start is with:

1. Identifying the population that will be targeted by the intervention, such as law enforcement, high school students, health professionals, people with mental health conditions, etc.
2. What behaviors or attitudes the intervention will affect
3. The who, what, when, and where of intervention implementation
4. The evaluation process, using different scales to evaluate the level of stigma within the agency or community that will be the subject of the anti-stigma intervention

(Corrigan, 2012)

There are various questionnaires that can aid in this process. By measuring the baseline stigma, communities can then gather data after the intervention, assess the efficacy of the intervention for that community, and create recommendations for policy makers to guide future programs intended to end mental health stigma (Corrigan, 2012).
Once implementing an intervention program to end stigma, it is important to remember that anti-stigma programs are not a "one size fits all" approach, and may benefit from intersecting community efforts and different programs for different parts of the community. According to Stuart (2016) these interventions are best when they are "multilevel, to address stigma perpetuated at the individual and social-structural levels" (p. 2).

Another important component is to include people with lived experience of mental health conditions in the intervention process. By including people with lived experience in the anti-stigma intervention, especially individuals with stories about how they found wellness, can promote acceptance, understanding, and representation, empowering both the individuals with lived experience and the community as a whole. According to Corrigan (2017), "strategic disclosure may be one strategy for overcoming secrets, replacing self-stigma with empowerment, and adding to the social force that will decrease public stigma through contact" (p. 324).

Together, we can end the stigma.

Stigma scales and Measurements

A Toolkit for evaluating programs meant to erase the stigma of mental illness by Patrick Corrigan

This toolkit includes multiple stigma questionnaires on the areas of public stigma, self-stigma, label avoidance, and social inclusion.

- **Attribution Questionnaires:** developed to assess stigma based on 9 common stereotypes and attitudes about mental health conditions, including blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion. Includes:
  - 27 question AQ-27
  - 9 question AQ-9
  - Short form for youth AQ-8-C (does not address coercion)
- **Error Choice Test:** designed to evaluate public stigma without the intention of the test being obvious. This provides more accurate and honest measures of stigma from members of the general public.
- **Resource Allocation Test:** assesses the way in which stigma and discrimination may affect resource allocation for mental health programming and services.
- **Family Questionnaire:** evaluates 12 domains of stigma against family members of people with mental health conditions.

The toolkit can be found at:
https://www.scattergoodfoundation.org/sites/default/files/Evaluation%20Toolkit__Corrigan.pdf

Indigo Group

Has a wide variety of stigma scales, many available in multiple languages in addition to English.

- **BACE (Barriers to Accessing Care Evaluation):** measures barriers in accessing mental health care and the extent to which stigma has been a barrier to mental health care. Available in Cantonese, Italian, Kannada, Spanish, and Telegu.
- **DISC (Discrimination and Stigma Scale):** 21-question interview-based questionnaire that measures experiences of mental health stigma in daily life and social interactions. Available in Amharic, Arabic, Polish, Tamil, Traditional Chinese, Tunisian Arabic, Turkish, Swedish, and Urdu.
- **MAKS (Mental Illness Knowledge Scale):** measures the knowledge of the general public concerning mental health conditions. Available in Cantonese, French, Japanese, Kannada, and Swedish.
- **MICAv2 and MICAv4 (Mental Illness: Clinicians' Attitudes Scale):** 16-question measure focused on attitudes and beliefs of medical students and clinicians. Available in Czech, French, German, Italian, Kannada, and Portuguese.
- **QUAD (Questionnaire on Anticipated Discrimination):** measures anticipated discrimination throughout 14 different life areas of people with mental health conditions. Available in Polish.

- **RIBS (Reported and Intended Behaviour Scales):** evaluates and documents stigma and discrimination toward mental health as it occurs in the general population. Available in Cantonese, Dutch, Italian, Japanese, Kannada, and Swedish.
- **CODA (Costs of Discrimination Assessment):** measures economic cost of stigma and discrimination.

The scales can be found here: http://www.indigo-group.org/stigma-scales/

Anti-stigma intervention models and resources

Crisis Intervention Team (CIT) Training (AKA Memphis Model)

A supplementary curriculum for law enforcement officers providing training to more effectively interact with people experiencing mental health crisis. CIT Training involves:

- Mental health didactics;
- Community support;
- De-escalation training;
- Site visits;
- Research and systems; and
- Training on legal issues, safety, and policy.

For more information on CIT, please visit: www.citinternational.org.
For Colorado-based CIT training, please visit: www.citac.us.

Mental Health First Aid

An 8-hour course, mental health first air provides education and basic skills to recognize mental health conditions and crises. This course provides strategy to support an individual experiencing a crisis until appropriate crisis services can intervene. The strategy includes identifying mental health conditions and crises, listening and supporting the individual experiencing crisis, and how to find professional support for the person they are assisting.

For more information on Mental Health First Aid, please visit: www.mentalhealthfirstaid.org.

Mental Health Equality in the Workplace (MHEW) Campaign

MHEW is a new campaign by the Colorado Mental Wellness Network, based in Denver, which encourages employers to make a commitment to mental health equality. Employers are provided with educational material, campaign materials such as posters, support from the campaign in making policy changes that support people with mental health conditions, and training opportunities for wellness, education, advocacy, and more.

For more information on the MHEW Campaign, please visit:
www.mentalhealthequalityintheworkplace.org.

In Our Own Voice

Program from the National Alliance on Mental Illness (NAMI) that offers free presentations by trained individuals with lived experience of mental health conditions. The presentations involve storytelling, education, and a chance for the audience to ask questions of the presenters about their experiences.

For more information on In Our Own Voice, please visit: www.nami.org/find-support/nami-programs/nami-in-our-own-voice.

Bring Change 2 Mind

Campaign based in California that involves story sharing and empowering the voices of lived experience through multimedia campaigns, college campus outreach, and high school outreach. With celebrities involved in this campaign, using their voices to combat stigma, the tools available are high-quality and well-received. Bring Change 2 Mind encourages allyship, research, and the human rights of people living with mental health conditions.

For more information on Bring Change 2 Mind, please visit: www.bringchange2mind.org.

Anti-stigma Project of Own Our Own Maryland

Project of Own our Own offers multiple workshops in a variety of settings that use sketches, role play, education, and support to destigmatize mental health conditions.

For more information, please visit: www.onourownmd.org/projects/the-anti-stigma-project.

See Me

Program based in Scotland that harnesses the power of lived experience to combat stigma and discrimination, targeted toward youth, workplaces, healthcare and social systems, and the general public. This campaign involves messaging through social media, videos, educational materials, education and support opportunities for schools and workplaces, activities, and workshops.

For more information on See Me, please visit: www.seemescotland.org/about-see-me.

Time to Change

Time to Change is a program in England that uses social media, mass media marketing, storytelling, and community events to provide contact between people with and without mental health conditions. The program also provides funding for grassroots programs run by people with lived experience of mental health conditions and empowerment for people living with these conditions to combat discrimination. Time to Change also works with specific stakeholders who serve, work with, and encounter people with mental health conditions.

For more information on Time to Change, please visit: www.time-to-change.org.uk.

Beyondblue

Program based in Australia that focuses on creating healthy environments for people of all populations in the country. This program offers education about mental health, advocates to end discrimination against people with mental health conditions, provides resources and connects people to communities, and encourages recovery for all. They also provide media sources with anti-stigma messages, address the intersection of systems and its effect on mental health, support prevention and intervention, and aim to address mental health from every angle.

For more information on beyondblue, please visit: www.beyondblue.org.au.

European Alliance Against Depression (EAAD)

EAAD involves 17 countries applying their 4-level approach in different regions. The four-level approach consists of:

1. Offering educational training on depression and suicide to primary and other healthcare providers along with materials that can be shared with patients;
2. Widespread campaign directed at the general public that includes events, materials for messaging, informational brochures and leaflets, and movie spots;
3. Handing out "emergency cards" to patients, high-risk groups, and their families to ensure access to professional support for anyone struggling with suicidality and by offering support groups and community connections; and
4. Offering workshops that provide education to community stakeholders, such as the police and media, while working closely with the media to help decrease the number of copycat suicides following media portrayal of suicide.

For more information on EAAD, please visit: www.eaad.net.

Colorado-based anti-stigma resources

Mental Health Equality in the Workplace (MHEW) Campaign

A new campaign by the Colorado Mental Wellness Network, based in Denver, which encourages employers to make a commitment to mental health equality. Employers are provided with educational material, campaign materials such as posters, support from the campaign in making policy changes that support people with mental health conditions, and training opportunities for wellness, education, advocacy, and more.

For more information on the MHEW Campaign, please visit: www.mentalhealthequalityintheworkplace.org.

Let's Talk Colorado

Let's Talk Colorado is an anti-stigma campaign offering education and resources to help start the conversation about mental health. It can be used in a variety of settings.

For more information on Let's Talk Colorado, please visit: http://letstalkco.org.

Recovery Trust

Recovery Trust provides education, support, and vocational opportunities in community settings for people living with mental health conditions. The goal of Recovery Trust is to end stigma and improve the lives of people living with mental health conditions.

For more information on Recovery Trust, please visit: www.recoverytrust.org.

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Appendix C: Colorado Interventions Mapping

Note: this appendix is an expansion of the content with the Evaluation of Existing Programs and Practices *section of this document*.

Education and Childhood

Across Colorado's communities, there is a prevalent upstream disconnect between education and health care. As is the case elsewhere in the nation, Colorado's educational institutions are sometimes better integrated with law enforcement than with health care when it comes to behavioral health management, which leads to greater use of discipline and punishment measures than of supports for healthful development.

In recent years, innovations such as Project LAUNCH and Launch Together have taken steps to build partnerships between schools and behavioral health providers that acknowledge that childhood is a key opportunity for preventative interventions that can improve the health outcomes not just for the single child, but for the entire family. It is challenging to influence culture change across Colorado's education landscape due to the autonomy of systems and districts. But, coordinated efforts by behavioral health and grant-making foundation partners to work collaboratively with schools show promise with widely disseminating an outcomes-oriented and person-centric approach to managing childhood behavior across schools, school boards, and parents. Due to manageable cohort sizes and partnership networks, person-centric behavioral health initiatives in rural and frontier educational settings may be poised to impact their regional systems to the greatest degree.

Colorado's county human services departments have youth and family divisions dedicated to identifying, preventing, and responding to child abuse or neglect. Victims of abuse and neglect often experience post-traumatic stress for lengthy periods of time, with a significant impact on behavioral health outcomes. Quality, person-centric, evidence-based supportive interventions, as early as need can be identified and preferably inclusive of the entire family, are critical to positive early childhood development, successful community integration, and reduced involvement in the criminal justice system. Efforts to incorporate 2Gen models that provide children and the adults in their lives with the support and resources they need across multiple domains, including education and health, to improve outcomes for both while putting the entire family on a path to economic stability and security, are to be applauded.

Access to Care

Colorado's communities collectively over-rely on law enforcement and criminal justice interventions for the management of behavioral health. Law enforcement and justice system partners interested in alternatives to arresting and incarcerating people for unhealthful behaviors that could more effectively and efficiently be managed and corrected through the health system are often stymied by the lack of reliably available partner resources that can provide a clinical alternative. Due to staffing limitations, vast geographical response areas, and under developed behavioral health and crisis response systems, law enforcement and other first responders in rural and frontier areas are particularly challenged by individuals

presenting with behavioral health crises. While Colorado Crisis Services was designed to help provide such alternatives, the system is not yet fully activated across Colorado.[xxxvi] Generally, two key barriers must be overcome, with varying emphasis by region:

- The capacity of Colorado Crisis Services to serve as a reliable and efficient alternative to arrest must be enhanced; and
- Communications regarding the existence of Colorado Crisis Services as an alternative must be targeted at law enforcement and other first responders.

At the time this Plan was written, with the deadline for full implementation of Colorado Senate Bill 17-207 approaching,[xxxvii] the expectation was that behavioral health and law enforcement partners are working closely together to address both of these barriers.

Despite the health reform efforts of recent years, many of Colorado's communities report continued challenges in accessing behavioral health care, with delays of a month or more before an appointment is available. One month is ample time for a behavioral health concern to become a crisis that may be life threatening. As with other health care concerns, intervening in a crisis is more costly, with poorer outcomes, than supportive and preventive care. To enhance the community's continuum of care and save taxpayer dollars spent on emergency department, paramedic, and law enforcement response to behavioral health crises, all behavioral health providers should be incentivized to make preventive and supportive care available for walk-ins and same- or next-day appointments.

Another key issue to accessing care is the segregation of mental health care from substance use care throughout the provider industry and funding and reimbursement mechanisms. Law enforcement and other first responders have long been painfully aware that the ideal of "no wrong door" that permeated the health care industry in recent years is far from the current reality as experienced by individual and agency consumers. Despite recent movement toward reform and integration, accessing care for someone with a dual diagnosis remains so challenging that jail can often seem like the surest door to adequate care.

Academic programs, licensing regulations, privacy and confidentiality regulations, staffing requirements, and payment mechanisms must all be revised, coordinated, and brought up to speed with the concepts of health care integration and population health management. The capacity to adequately provide preventive and crisis care for the whole person (including dual diagnoses, and multiple diagnoses—physical, mental, and behavioral) must be standardized across the health care professions. In a person-centric system of care, no door offering mental health services should be closed to someone needing care for substance use, and vice versa.

Persistent stigma associated with behavioral health is particularly problematic when it comes to accessing care in regions with smaller populations, as individuals (and their vehicles) are at greater risk of being identified by other community members when visiting a behavioral health provider. As part of the increasing integration of primary care with behavioral health, provider partnerships in some regions are taking some steps to eradicate mental and behavioral health signage in favor of health or whole health signage that indicates the "no-

wrong-door" access for care of the whole person that is the mark of true integration, and that eliminates the segregation and stigma that deters individuals who might seek support and care if their health status were better protected.

Supportive Housing and Harm Reduction

This approach provides safe, stable housing for individuals with Behavioral Health Conditions. The cost of providing PSH is estimated to be one-fifth the cost of arrest, incarceration, and criminal justice processing. Another key upstream intervention for supporting health and reducing justice-involvement is use of a "Housing First" approach. By incorporating these principles that lower the bar for access, PSH projects around Colorado intelligently coordinate access to services across the entire hierarchy of human needs, and some are at the forefront of national innovation.

In no region of Colorado is existing or planned PSH adequate in volume to the level of need. Continued development of PSH that ties the tracking and meeting of outcomes focused on the reduced reliance on jails and the justice system must be a priority. Here again, due to more manageable population sizes, partnership networks, and property costs, housing initiatives in rural and frontier communities may have the greatest impact on regional systems.

The PSH model is informed by harm reduction interventions, which meets people where they are, accepts substance use as part of the human experience, and seeks to reduce the harm associated with that use. Harm reduction interventions more broadly provide severely marginalized populations with access to services that reduce the spread of HIV and Hepatitis C in addition to a host of other public health benefits, including diversion from law enforcement and criminal justice-involvement. Examples of harm reduction intervention—more prevalent in urban than in rural and frontier communities—include syringe access/exchanges (Colorado had eight at the time this document was written), naloxone distribution, and other overdose prevention strategies.

LEAD, which started in Seattle, is an example of a diversion program that is based on harm reduction philosophy. Instead of arresting people who use drugs, a person can be diverted into the LEAD program for intensive case management which does not require the person to completely abstain from drug use, unless that is what they desire. While communities throughout Colorado have already implemented this program, Colorado is in the process of launching 4 additional LEAD pilot programs across Colorado.

Law Enforcement Training and Transformation

In the law enforcement context, communities generally acknowledge the desirability of CIT training. Agencies in urban Colorado are more likely to have greater percentages of staff with CIT training. Due to smaller staff sizes and coverage challenges, rural and frontier communities sometimes have a harder time extending CIT training through the ranks. This is a gap that can be addressed through cross-regional interagency staff exchanges, whereby extensively staffed urban agencies provide visiting staff to cover while rural and frontier staffs are trained. Mental Health First Aid programming is used in some communities to

provide officers who have not yet received CIT training with some preparation for the crises they will encounter.

Though this culture shift is far from prevalent, some Colorado communities rank among the nation's leaders in pioneering early diversion, co-responder, and other law enforcement assisted diversion models. Health care partners provide behavioral health counselors to work in teams with police officers and deputies as first-responders to deescalate crises and divert people to resources and systems of care.

Through our work, we sent a 23-question survey to 80+ law enforcement agencies around Colorado to assess the extent of law enforcement and mental health partnerships. As of the time this Plan was written, 34 agencies had responded to this request for information. It was found that of the responding agencies:

- 66 percent do not consider mental health when determining suitability prior to charging or arrest.
- 25 percent currently track de-escalation effort success.
- 77 percent refer individuals to mental health partners for screening of a Mental Health Emergency Hold or Involuntary Commitment;
- 77 percent rely upon emergency rooms for mental health services;
- 25 percent use any type of psychological health screening in their jails;
- 20 percent deploy a multi-discipline response unit (behavioral health and medical paired with law enforcement) in their community;
- 65 percent currently do not have any programs designed to address inmates with Behavioral Health Conditions; and
- 82 percent report that when there is some partnership between law enforcement and mental health providers, data is not currently collected to provide an adequate measure of reductions in calls for services involving people with a mental health condition.

These data suggest that law enforcement and mental health partnerships remain undeveloped or in very early stages across most of Colorado. While there is much to be learned from existing partnerships, these partnerships are the exceptions not the rule, and outcomes data is scarce. The cultivation of effective law enforcement and mental health partnerships, and consistent data collection regarding the efficacy of any programming, must be a priority. Law enforcement agencies with current programming can be influential in contributing to culture shift and partnership development within other agencies across Colorado.

Pretrial Interventions

Select Colorado counties lead the nation in pretrial interventions that are designed to divert people away from the justice system and into effective systems of support and care. Minimally, pretrial services utilizing evidence-based risk assessment tools provide alternatives to confinement, monitor sobriety, and monitor conditions of bond.

Improving outcomes for those who must proceed through the justice system, a pretrial navigator program releases eligible defendants on a personal recognizance bond and assigns them to a navigator or works to acquire treatment and other public benefits to stabilize the defendant clinically, materially, socially, and spiritually to promote recovery and successful community integration. If convicted, compliant participants in a navigator program receive a non-custodial sentence.

Optimally, district attorneys working in partnership with public defenders and behavioral health providers may elect at first advisement to completely divert arrested individuals into a system of care. By completing services successfully, individuals have a chance to move forward in life without a history of justice-involvement presenting a barrier to self-sufficiency and community integration.

Specialty Courts

Colorado judicial districts have instituted a variety of specialty or problem-solving courts that acknowledge the prevalence of mental and Behavioral Health Conditions among the justice-involved (including juveniles, veterans, people who are developmentally disabled or who have suffered traumatic brain injuries, women who have experienced childhood trauma, etc.). These courts attempt to integrate out-of-custody treatment with criminal sentencing to promote better outcomes for people whose behavioral health has led to justice-involvement. Critics of specialty courts observe that while the objectives of improving outcomes by providing access to support and care is important, a guilty plea and the stigma of criminalization should not have to be necessary preconditions for access to support and care. Rebalancing community investments toward police interventions that do not result in arrest, such as pretrial diversion, and interventions much farther upstream, including harm reduction and decriminalization of behavioral health, should be prioritized.

Corrections

Being confined to jail leads to declines in behavioral health and is rarely the course of treatment prescribed by licensed health practitioners. The CDHS Jail-Based Behavioral Services (JBBS) program provides services for adults in custody with substance use conditions. Transitions modules have been created in few jails to provide adults in custody with guidance, training, and programming to help them with successful community integration upon release. A number of jails partner with local behavioral health providers for clinicians, counseling, and prescription services, so that treatment plans and medication follow people once their liberty is restored, contributing to continuity of care and positive health outcomes.

The CDOC has made notable progress in limiting the use of prolonged solitary confinement, a practice that has been tied to poor mental health and public safety outcomes. Future investment in Colorado's jail and prison infrastructures and correctional workforce development should reflect national and international best practices, prioritizing the closure and replacement of existing facilities over any expansions proposed without a trauma-informed architectural design with an evidence-base for indicating positive outcomes.

Reintegration

Coloradans with histories of justice-involvement and poor behavioral health face twice the stigma and challenges when seeking to integrate with their communities. Agencies and organizations that provide reentry support do important work, including providing and coordinating vocational and traditional education that improves job skills and employability. Outcomes data is available from some of these organizations, setting standards for Colorado. The work of these institutions must be recognized, supported, replicated, and scaled to match the volume of need.

Data and Community Coordination

Some Colorado counties rank among the nation's leaders in collection and integration of behavioral health and criminal justice data, which is then used to inform the strategic planning work of regularly convened leaders and stakeholders. Colorado's behavioral health and criminal justice coordinating committees are intended to coordinate the efforts and resources of all agencies and organizations that share responsibility for managing the behavioral health of the population. They include leaders and decision-makers representing law enforcement, district attorney, public defender, county commissioner, human services, education, public health, behavioral health and primary care providers, public housing, reentry support organizations, and the business and faith communities. These committees create standards and memoranda of understanding for collecting and sharing data, and promote interagency cooperation in the pursuit of measurable outcomes such as the reduced use of jails for managing behavioral health. All Colorado counties are encouraged to form similar committees, and to identify themselves as participants in the National Association of Counties Stepping Up Initiative.[xxxviii]

Policy Reform and Culture Change

A key focus of policy reform and culture change in Colorado communities remains substance use. Legal marijuana and the opioid epidemic ensure that substance use is a constant topic in Colorado lives and headlines. While alcohol is a vital Colorado industry and the leading drain on the resources of first responders and the third leading cause of preventable death (after another legal substance, tobacco, and after poor diet combined with inadequate exercise), it is less controversial than marijuana and the opioid epidemic.[xxxix]

Marijuana and the opioid epidemic have both contributed to a growing statewide trend of reframing substance use as a public and personal health issue, rather than as a crime, though this understanding has not yet curtailed the persisting criminalization of juveniles for the use and possession of substances that are legal for adults.

Public health initiatives seek to reduce harm associated with substance use, while criminalization exacerbates harm. Children growing up amidst the confusion and risks of our substance using culture are in particular need of harm reducing behavioral health education and support, and of protection by their communities. Various communities have campaigns to promote public understanding that substance use condition is a chronic disease that can be

recognized, managed, and treated, especially when stigma and criminalization are removed as barriers to accessing support and care.

Another key focus of policy reform and culture change in Colorado communities is trauma-informed care and facility design. Behavioral health provider training is increasingly trauma-informed, as is the design of clinics and residences. This focus on trauma aligns with a movement to consider the influence of adverse childhood experiences on health outcomes. Both reflect an important evolution in our understanding of human development and the value of cultivating positive behavioral health in a systematic way across life spans and generational cohorts.

There is also a growing awareness in Colorado of the need for greater mental health parity. Efforts to increase equitable access to care, payment for care, and school and workplace accommodations are in progress across Colorado, supported by the reduction of stigma associated with mental and behavioral health that prevents too many from attaining the help they need.

Appendix D: Research and Evidence-Based Policy

In its budget instructions, the Colorado Governor's Office of State Planning and Budgeting asks Executive Branch departments requesting funding for select new programs to identify the level of evidence that supports their programming and to include plans for evaluation.

The goal is to ensure that Colorado is budgeting for implementation support and evaluation; two components that help ensure program success. Outcomes from evidence-based programs cannot be expected if they are not implemented with fidelity to their researched design. Process evaluations are needed to ensure that programs are hitting programmatic benchmarks, and ongoing support, coaching, and technical assistance is needed to support that achievement of benchmarks. Additionally, if an evidence-based program is to be modified, or if a new program is to be implemented, outcome evaluations need to be completed to build evidence that the program is working as intended. Program budgeting should account for evaluation and implementation support needs. A 2013 EPISCenter Study found that nearly 50 percent of evidence-based model programs were adapted in Pennsylvania and 53 percent of those negatively impacted program outcomes.[xl] Additionally, an often cited analysis of 500 studies by researchers Durlak and DePre concluded that there is "strong support for the premise that effective implementation is associated with better outcomes;" according to their analysis, the magnitude of effects are 2 to 3 times higher when programs are carefully implemented.[xli]

There are several resources that can be used to identify program evidence. Colorado's main resources at the time this Plan was written were as follows:

- Washington State Institute for Public Policy; or
    - http://www.wsipp.wa.gov/
- The Results First Clearinghouse Database from The Pew Charitable Trusts.
    - http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/results-first-clearinghouse-database

Program directors and/or administrators can research specific programs based on the outcome(s) they wish to target and/or the populations they wish to serve. It is important to keep in mind that programs should serve the right people at the right time and in the right way.

Colorado's Research and Evidence-Based Policy Initiatives team within the Governor's Office of State Planning and Budgeting leverages information from the Washington State Institute for Public Policy to help program directors and/or administrators identify program evidence and to run benefit-cost analyses on evidence-based programs operating throughout Colorado. The team is working to help Colorado prioritize funding towards not only effective programs, but those that are anticipated to be cost-effective, as well.

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