



COURSE CORRECTIONS

COLORADO SUMMIT ON BEHAVIORAL HEALTH & CRIMINAL JUSTICE 2016

On August 31 and September 1 of 2016, over two hundred experts and leaders in behavioral health and criminal justice from all over the state gathered for Course Corrections: Colorado Summit on Behavioral Health and Criminal Justice. The purpose of this gathering was 1) to acknowledge Colorado's urgent need for an alternative to incarceration and criminal justice system involvement for people living with mental illness and/or those who may be experiencing a behavioral health crisis, 2) to build consensus regarding what course corrections are most urgently required, and 3) to provide recommendations for overcoming barriers to reducing incarceration, improving behavioral health outcomes, and maintaining public safety.

In conclusion, *Course Corrections* participants observe and declare the following:

The State of Colorado is in the midst of a public health crisis, which demands the coordination of efforts and resources along a multi-sector continuum of civic engagement including early childhood interventions, education and employment support, access to coverage and care, data integration, supportive housing, public safety officer training, access to justice, corrective detention, behavioral health management, community corrections, and reintegration.

While access to adequate behavioral healthcare must be a priority from early childhood onward, the effectiveness of any given health treatment is undermined when such crucial additional supports of individual wellbeing as education, employment, and housing are missing or inadequate.

Our current practice of defaulting to incarceration as a response to citizens experiencing behavioral health challenges is a grave failure to uphold the Constitutions of the United States and the State of Colorado. To establish justice; ensure tranquility; provide for the common defense; promote the general welfare and secure the blessings of liberty to ourselves and our posterity, **the State and People of Colorado must improve our response to behavioral health crises and urgently prioritize the development of a *community health system* that can successfully ensure access to quality mental health and substance use disorder care.**

To this end, we recommend and urge that the Governor's administration, healthcare and community leadership, and the State Legislature, take immediate steps to accomplish the following during the current administration:

- 1) The practice of using jails under Title 27 of Colorado Revised Statutes (C.R.S.) to involuntarily hold individuals who have committed no crime must cease immediately. The responsibility for these individuals lies with crisis stabilization centers, community mental health centers, detoxification centers, hospitals, and other healthcare providers—which must be adequately funded for both infrastructure and ongoing operations.

- 2) Revisit C.R.S. § 27-65, particularly with regard to the word “imminent,” with an aim to improve behavioral health outcomes, reduce incarceration, and protect public safety.
- 3) Immediately divert into treatment those individuals with behavioral health issues who would otherwise be at risk for arrest. Restrict competency restoration settings to outpatient providers in the community (excluding jails or other correctional facilities) for all misdemeanor charges, except in cases in which the court mandates inpatient hospitalization.
- 4) Fully implement and enforce the Mental Health Parity and Addiction Equity Act with effective sanctions to inhibit non-compliance.
- 5) Require hospitals to increase their capacity for managing emergent behavioral health issues, including a specified percentage of indigent psychiatric beds, as a condition for licensing and operation within the state.
- 6) Pursue every advantage of Medicaid expansion through Delivery System Reform Incentive Payment (DSRIP) and Section 1115 Waiver Programs to create hospital receiving centers and Section 2703 health homes, and to increase access to behavioral health assessments and care, with the explicit aim of diverting population behavioral health management away from law enforcement and the justice and correctional systems. Involve individuals with experience in behavioral health and criminal justice systems collaboration in planning for these waivers.
- 7) Universalize Crisis Intervention Training (CIT) in police and sheriffs’ departments statewide, making Mental Health First Aid training immediately available and when staffing resources limit CIT participation. Aptitude for success in mental health crisis de-escalation must be assessed in pre-employment screening for all roles in law enforcement for a department to be eligible for state funding. Continuing education in mental health response must be required as well.
- 8) Implement statewide behavioral health provider, law enforcement, and other first responder partnerships, such as co-responder teams, hospital receiving center, law enforcement assisted diversion (LEAD), and drop-off center models. Such models effectively reduce arrests and result in cost-savings and avoidance for law enforcement and the justice system. Facilitate said partnerships as needed through the use of oversight committees, personnel, or memoranda of understanding.
- 9) Crisis stabilization and hospital receiving centers must have the capacity and resources to manage law enforcement diversion, to perform holistic assessment, and to provide wraparound services that can guide individuals in crisis into treatment and toward needed resources, borrowing the model from juvenile assessment centers.

- 10) Ensure that behavioral health crisis response capacity is truly statewide by evaluating resources, including assessment of need for inpatient bed expansion, and where necessary supporting additional crisis stabilization and/or walk-in centers, mobile response, respite care, and ensuring that all communities have access to telehealth and other e-health solutions as needed.
- 11) Ensure that mental health and substance abuse treatment and continuity of care are available for those who are incarcerated or detained within the criminal justice system.
- 12) Advance efforts to provide case management, supportive housing and supportive employment for vulnerable individuals.
- 13) Create and deploy a public health messaging campaign to reduce stigma and discrimination associated with mental illness, substance use disorders, and other behavioral health conditions and to promote upstream interventions and civic engagement along a life-cycle continuum. Said campaign should also aim to increase awareness of the public and first responders' options when encountering a behavioral health crisis.
- 14) Require and enforce mental and behavioral health assessment tools to be included in annual pediatric wellness exams, and encourage parents to share this information with their child care provider and other education systems.
- 15) Leverage local expertise within community and faith-based organizations involved in stabilizing people before, during, and after mental health crises to develop systems solutions.
- 16) Ensure that training in Mental Health First Aid and stigma reduction is universalized in secondary, university, and professional school programs and for individuals working with all students, including elementary and pre-school age children.
- 17) Eliminate damaging and discriminatory disciplinary practices in schools statewide, including pre-kindergarten and kindergarten suspensions and expulsions, in order to shut down the school-to-prison pipeline. Instead, behavioral health and early childhood developmental support must be made widely available.
- 18) Efforts to integrate data for the purposes of managing behavioral health crises within community health systems, as opposed to within the justice system, must be supported and accelerated.

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