



*On October 30 and 31 of 2018, experts and leaders in health, safety, and criminal justice from all over Colorado gathered for the Course Corrections: Steps to Health & Justice Summit. 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 mental health crisis, 2) to build consensus regarding what course corrections are most urgently required, and 3) to provide recommendations for improving health, reducing incarceration, maintaining public safety, and saving taxpayer dollars.*

In conclusion, 2018 Course Corrections participants observe and declare the following:

**The State of Colorado is in the midst of a public health crisis.** Coloradans with mental health needs are too often neglected, stigmatized, or inadequately supported. Failure to address these health needs results in premature death, injury, substance use and addiction, long-term disability, and many other preventable threats to public safety and wellbeing. The arrest, punitive detention, and criminalization of Coloradans with unaddressed health needs gravely exacerbates this crisis, is a wasteful misapplication of resources, and yields poor health and public safety outcomes at tremendous cost to individuals, communities, and the economy at large.

Colorado's mental health crisis demands an urgent and immediate shift in awareness, and rebalancing of effort and investment across multiple systems which share accountability for necessary improvements. We must apply transparent intelligence, coordinated effort, and resources to addressing health needs cooperatively, preventively, and restoratively, and to supporting healthful human development and successful community integration.

Addressing the chronic and acute mental health needs of those Coloradans who are in crisis today, who are at the point of arrest, and who are being held in jails, prisons, and juvenile detention facilities is critical. These individuals are at heightened risk of physical harm, and extremely vulnerable to poor health and social outcomes, long-term disability, and premature death. Colorado must set and pursue bold yearly goals for steady reductions in arrests and incarceration without sacrificing public safety, and bold five- and ten-year goals for cost-shifting and cost-saving increases in access to supportive housing, employment, health care, and other resources essential for optimizing human outcomes.

Resolving this public health crisis across the lifespan and putting an end to the neglect and punishment of Coloradans with unaddressed health needs, starting with today's children and today's incarcerated adults, will make Colorado the strongest, healthiest, most equitable, and most prosperous state in ten years.

**To hasten progress toward this end, we urge public and private sector leadership, law enforcement, and all Coloradans to prioritize the following course corrections.**

## CHILDHOOD AND YOUTH

*Supporting mental health awareness and the development of healthy behaviors in early childhood is vital to lifelong wellbeing. It helps ensure future prosperity for individuals and communities. Every dollar spent on supporting a child's positive health and education outcomes today saves seven dollars<sup>1</sup> in costs associated with later criminalization and improved earnings potential.*

- **EXPAND** access to mental health awareness education, support, and care for children and families. Set standards and expectations for the inclusion of wellness support services, education, and curricula in all childcare settings.
- **UNIVERSALIZE** access to quality early childcare and education for all working parents.
- **PROVIDE** early identification and treatment of trauma and adverse childhood experiences in childcare, pre-school, and health care settings; and require culturally-competent trauma-informed training across the workforce. Youth should have access to education on trauma, as a preventive and supportive method of care.
- **FUND** comprehensive outreach and support programs targeted at the children of parents who were in foster care themselves, parents with substance use issues, incarcerated parents, and single parents under 25.

## HEALTH CARE

*Individual access to health care across the lifespan builds community wellbeing. Preventive and supportive health care is more cost-effective and yields better long-term outcomes than waiting until acute, crisis care, or long-term care is needed. While focusing on health and wellness promotion, we must also ensure that affordable and high quality mental, substance use disorder, and physical health services are available to everyone.*

- **INVEST** in training, deploying, and retaining a world-class health care workforce that provides preventive and supportive care for Coloradans' minds and bodies, as well as youth engagement, education, access to services and resources, and crisis response. Train all clinicians and first responders on mental health, addiction, and trauma needs assessment, and on pathways to support and care.
- **INVEST** in a fully accessible, high quality, culturally competent, comprehensive, and affordable continuum of health care for all people, including those with mental health needs, substance use disorders, and people with disabilities. Quality care must range from preventive and low acuity outpatient care, to crisis care, to high-need, long-term, and inpatient care.
- **INCENTIVIZE** brain, behavior, and trauma research.
- **ENHANCE** the capacity and capabilities of crisis response and crisis stabilization centers to support health, safety, and freedom for all, including those with mental health needs,

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<sup>1</sup> Parks, Gregory "The High/Scope Perry Preschool Project," Juvenile Justice Bulletin. Office of Juvenile Justice and Delinquency Prevention. Washington, DC. (October 2000)

substance use disorders, and people with disabilities. Include access to peer support specialists. Continuously assess and improve current crisis systems.

- **UNIVERSALIZE** home visiting nursing programs to households after all births, to screen for family and child needs, and to connect with follow-up services for identified needs.
- **FUND** a world-class addiction, pain management, and mental health treatment system, similar to our oncology system, with standards, evidence-based treatment, well-trained experts and peer support specialists, medication assisted treatment, and adequate provision of all levels of care.
- **STANDARDIZE** the practice of providing home-based individual and family follow-up to emergency services.
- **STANDARDIZE** routine, culturally competent, and trauma-informed patient education in self-care, and screenings for mental health needs in all primary care settings.
- **ESTABLISH** health clinics with integrated health services at all schools.

## EDUCATION

*Education is a key factor in promoting better individual health outcomes in communities. Ensuring access to supportive educational programs for students of all ages and guaranteeing access to education for incarcerated citizens will yield cost-savings and a more robust economy.*

- **INVEST** in comprehensive resources and programs that meet basic survival and wellness needs of students.
- **INVEST** in quality education and vocational training to increase access for all Coloradans.
- **END** the use of harsh, inequitable discipline in schools and terminate the school-to-prison pipeline. Reform school discipline policies to ensure that behavioral concerns, especially those related to substances, mental health, trauma, and other adverse childhood experiences, are addressed from a health care perspective and approach.
- **CULTIVATE** literacy regarding wellness and make resources available to support wellness among students and families. Everyone should have a mental health plan, and a personal diagnostic and first aid toolkit, as well as an advance directive regarding care preferences in case of health crises.
- **TRAIN** all teachers and school administrators in trauma and trauma-informed classrooms and evidence-based practices.
- **CONNECT** at-risk youth in the school system, and at-risk families, with appropriate levels of wraparound support and care.
- **IMPLEMENT** strategies to educate a world-class health workforce that provides preventive and supportive care for Coloradans' minds and bodies, as well as youth engagement, education, access to services and resources, and crisis response. Train all clinicians and first-responders on mental health, addiction, and trauma needs assessment, and on pathways to support and care.

## EMPLOYMENT

*Employment helps us build meaningful lives and is often essential for good mental health. Every community member should have a chance to do meaningful work, including those living with a mental illness and those who have a criminal record.*

- **REMOVE** regulatory barriers to employment for people with health needs—both physical and mental, and for people with history of justice system involvement.
- **INCREASE** employment opportunities for people of all abilities.
- **ENSURE** success by providing training, internships, apprenticeships, and supports for people with mental health needs, as well as for those who have been involved in the justice system.

## HOUSING

*Secure housing is a basic human need. Providing supportive and discrimination-free housing, for those who face homelessness or struggle with physical and mental health challenges, improves health outcomes and saves taxpayer dollars.*

- **PASS** legislation to secure and maintain investments in affordable, accessible, supportive housing across a wide continuum of housing services to ensure that each community has access to the levels of support that their loved ones need to be successful.
- **INCREASE** accountability with regard to discriminatory housing practices.
- **EXPAND** integrated housing programs to support individuals with complex health needs.

## PUBLIC SAFETY

*Every day, first responders, public safety officers, and prosecutors engage with people in need of mental health support and care. When health-driven behaviors result in police encounters, alternatives to arrest and criminal charges should be available and prioritized.*

- **UNIVERSALIZE** crisis intervention team training, community policing, and co-responder models to redirect people toward health care and minimize arrests.
- **COORDINATE** with community-based peer support services for reducing prevalence of risks to health and safety, and for optimizing response to crises and successful outcomes.
- **INCREASE** capacity and capabilities of the crisis response system so that it is equipped to assist law enforcement with high acuity individuals.
- **SHIFT** the response to substance use and addiction, from public safety and law enforcement, to health care. Ensure that people in possession of or using substances are directed to treatment and recovery, with the goals of decriminalizing substance use disorders, reducing harm, and improving outcomes.
- **INVEST** in and implement shared data systems across sectors to support collaborative intervention efforts.
- **ADDRESS** any policy or practical barriers restricting the use of M-0.5 holds (involuntary transport for immediate evaluation for criteria lower than M1 standard).

## JUSTICE

*When arrests and criminal charges cannot be avoided, communities must strive to achieve justice for all, while preserving individual rights. American justice must favor freedom and address and correct for inequities that arise from differences in health, race, and privilege.*

- **END** the use of jails for emergency holds for alcohol and drug intoxication. All involuntary holds for emergent health conditions should be restricted to health settings.
- **REDUCE** jail and prison populations through policies that focus on bail reform, post-arrest, and pre-file redirection to health care (including outpatient competency restoration, detox, assisted outpatient treatment, etc.).
- **IMPROVE** the process of civilly committing individuals to least restrictive outpatient or inpatient care when their health is the primary driver of unlawful behaviors.
- **END** the use of exorbitant and inequitable fees and penalties for people in need of mental health and substance use disorder care. Criminalization of Coloradans with unmet health needs should not be a revenue source for community agencies.
- **PROVIDE** equitable access to legal representation for people in need of mental health and substance use disorder care, reducing coercive plea bargain deals that have long term consequences.
- **PASS** a bill to end mandatory minimum sentencing for people with unmet health needs.
- **DECRIMINALIZE** possession of controlled substances for personal use, and symptoms of mental illness and all unmet health needs. Replace criminalization with systematic redirection to health care and other public health-based approaches to supporting wellness and reducing harm.
- **TRAIN** all judges to assess law enforcement and justice responses to health-driven behaviors and crises in light of parity. Mental health- and physical health-driven behaviors and crises should meet with equivalent compassion and intelligence. Address health needs and root causes before criminal judgment.
- **ENSURE** that when people with mental health needs enter a clinical setting or call for help, they get quality care, rather than forcible restraint by police or untrained first responders, and transportation in police vehicles.

## CORRECTIONS

*Colorado communities have the capacity and intelligence to implement proven interventions that successfully correct the behaviors of individuals in detention, and that interrupt cycles of crime.*

- **UNIVERSALIZE** access to quality education and vocational training in outcomes-focused correctional settings.
- **PROVIDE** continuity of quality, trauma-informed health care for all juveniles and adults in custody.
- **PROHIBIT** the use of prolonged solitary confinement.

- **EXPAND** case management within corrections before parole to ensure continuity of care, successful community integration, and department accountability for improved outcomes.
- **ASSIGN** the same Joint Budget Committee analyst for the Department of Labor and Employment and the Department of Corrections to promote shared accountability for return to workforce.

## REENTRY

*Prevented from voting, securing housing, finding work, and rebuilding their lives, people who have completed a criminal sentence still face lifelong exile. In Colorado, justice-involvement is too often costly and destructive, rather than corrective and restorative. We must do better.*

- **IMPROVE** reentry programs to ensure successful transitions.
- **INCREASE** access to affordable, supportive housing, and eliminate release to homelessness.
- **INCREASE** education of parole officers about affordable housing options and other resources available to those on parole.
- **REMOVE** barriers to employment, education, and vocational training.
- **ENSURE** continuity of health care.
- **SHARE** data, using health information exchanges, in order to improve community reintegration outcomes and avoid re-traumatization.
- **PARTNER** across sectors to ensure continuity of access to services and resources individuals need to stabilize and thrive in the community.

## DATA AND INTELLIGENCE

*Efforts to integrate data sources and to apply existing intelligence to reform systems and practices must be a priority for the state. Integrated data must be used to promote individual health and personal freedom, while preserving public safety, protecting privacy, and reducing wasteful spending.*

- **SUPPORT AND ACCELERATE** efforts to integrate and apply data for the purposes of improving mental health and substance use outcomes, reducing the criminalization of Coloradans based on health-driven behaviors, and achieving equity.
- **COLLECT** consistent data across health care, public safety, and justice systems. Equity requires accountability regarding access to quality care, arrests, detention in jail, and other restrictions of liberty.

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