RECOMMENDATIONS – ALL WERE APPRROVED BY CCJJ

1. RESPECTFULLY REQUEST THAT THE CRIMINAL JUSTICE COMMITTEE OF THE BEHAVIORAL HEALTH TRANSFORMATION COUNCIL MEET WITH THE APPROPRIATE STAKEHOLDERS TO DEVELOP A PLAN TO (A) STREAMLINE AND COORDINATE EXISTING FUNDING MECHANISMS RELATED TO OFFENDER TREATMENT AND (B) EXPAND DATA COLLECTION AND REPORTING. (14/0/0)

> *The fact that addiction is a chronic, relapsing disease of the brain is a completely new concept for much of the general public and for many policymakers. According to experts, the consequence of this enormous informational gap is a significant delay in gaining control over the drug abuse problem.*

The behavioral health treatment[1] funding for offenders is allocated to numerous state departments including the Departments of Human Services, Public Safety, Corrections, Judicial, Health Care Policy and Financing, and Transportation. The allocations through these multiple agencies has lead led to a complex patchwork of funding that does not appear to be the most effective or efficient method to deliver behavioral health services to offenders. In addition, the current arrangement makes unified data collection and reporting impossible, precluding systematic analysis of service gaps, program effectiveness, and strategic planning. Two statutory mandates, C.R.S. 16-11.5-102 and 18-19-103, are examples of the complexities in the current process. These statutes create three oversight bodies which are empowered to make decisions regarding the allocation of specific substance use disorder treatment funds for which state Judicial Department serves as the fiscal agent:

a. Section 16-11.5-102 (3)(a): Drug Offender Surcharge Cash Fund, Interagency Advisory Committee on Adult and Juvenile Correctional Treatment
b. Section 16-11.5-102 (4) through (8): General Fund Appropriation, SB03-318 Interagency Task Force on Treatment
c. Section 16-11.5-102 (3)(c)(1) and 18-19-103 C.R.S: General Fund Appropriation deposited in the Drug Offender Surcharge Cash Fund, Expands Interagency Advisory Committee on Adult and Juvenile Correctional Treatment membership

If the Behavioral Health Transformation Council agrees to undertake this activity, these statutorily-defined groups, along with representatives from the DBH-funded Managed Service Organizations, community mental health centers, the Colorado Department of Transportation, the Department of Health Care Policy and Financing/Medicaid, Commission representatives, and other stakeholders identified by the Behavioral Health Transformation Council, should collaborate on the development of a written **strategic plan** to address, at a minimum, the following:

a. The need for possible **consolidation** of the aforementioned oversight groups to achieve greater efficiencies and effectiveness in meeting statewide treatment needs or a whole-scale redesign of the mechanisms by which offender behavioral health treatment is funded;
b. The need for **coordination** of the funding streams to meet the critical treatment needs of offenders in the criminal justice system;

[1] Behavioral health refers to substance use disorders, mental health disorders, or both.

c. The development of an automated standardized, statewide client **waiting list system** to (i) provide professionals working in justice and behavioral health systems with real-time client-level and program-level data to determine behavioral health treatment capacity, and (ii) identify geographic and programmatic/service gaps so strategies can be developed and continuously modified to maximize treatment capacity and delivery based on client need levels;
d. Identification of the **data elements and format** required to conduct the empirical analysis necessary to perform the long range planning described in (c) and evaluate the ability of existing administrative data systems to provide these data.
e. A **proposal** that addresses the financial support necessary to accomplish the data collection and analysis described here.

The co-chairs of the Transformation Council's Criminal Justice Committee should regularly update the Commission on the status of the development of the strategic plan.

Discussion: Multiple funding mechanisms, each with their own governing board or oversight group, operate in treatment and funding silos. Agency data also exist in silos and cannot be used to evaluate treatment availability, match, and case outcomes. Common data items and oversight will make future analysis of resources and outcomes possible. The recently implemented TMS (Treatment Management System) for DUI clients is an excellent example of overcoming confidentiality and privacy barriers.

2. IMPLEMENT A STANDARDIZED MENTAL ILLNESS SCREENING INSTRUMENT AS PART OF THE PRESENTENCE INVESTIGATION OR, IF NONE WAS COMPLETED, AT POST-SENTENCE PROBATION INTAKE. (12/2/1)

To ensure that timely and appropriate information is available for decision makers, the validated Colorado Criminal Justice Mental Health Screen, Adult (CCJMHS-A), and the procedures for its use established per C.R.S. 16-11.9-102, should become a required part of the pre-sentence investigation or, if none was completed, part of the post-sentence probation intake for all offenders sentenced to community corrections and probation.

C.R.S. 16-11.9-105 mandates the periodic review of the implementation of a standardized mental illness screening instrument, in this case, the CCJMHS-A. Accordingly, representatives from the Division of Criminal Justice, the Department of Psychiatry in the University of Colorado Health Sciences Center, the Judicial Department, and the Division of Behavioral Health should submit a report to the Commission that describes the following for each implementing agency:

a. Policies and procedures for use of the screening instrument;
b. Number of individuals screened and the aggregate scores;
c. Procedures for addressing the assessed need for services;
d. Gaps and barriers related to implementation;
e. Recommendations for overcoming barriers.

The findings from this report should be included in the Commission's annual report. Based on the findings of the report, the Commission may recommend modifications to C.R.S. 16-11.9-102.

The Juvenile Justice Task Force of the Commission should study this issue as it pertains to those in Colorado's juvenile justice system.

Discussion: Assessment is a critical component of evidence-based correctional practices to reduce recidivism. The lack of even minimum empirical information regarding the mental health status of defendants, particularly at the beginning of the criminal justice process, creates an immediate barrier to the successful completion of a criminal sentence. Colorado has valid and reliable mental illness screening instruments for adults and juveniles and these should be completed routinely as part of all pre-sentence investigations and post-sentence intake processes.

3. THE COMMISSION SUPPORTS THE EFFORTS OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (HCPF) TO PRIORITIZE EARLY HEALTH CARE INTERVENTIONS AND THE ALIGNMENT OF RESOURCES TO INCREASE EFFICIENCY AND PATIENT ACCESS TO SERVICES. (14/0/0)

The Commission encourages its Behavioral Health Task Force, HCPF, the Behavioral Health Transformation Council and similar stakeholders to ensure the inclusion of justice-involved individuals in the implementation of PPACA, the federal Patient Protection and Affordable Care Act (P.L. 111-148). Additionally, to reduce recidivism related to behavioral health problems, the full continuum of behavioral health services should be included in the development of the "minimal/essential benefit" which will be 100% federally funded for non-managed care waiver states and, in Colorado, includes the substance abuse and mental health Medicaid benefits).

As PPACA resources become available in the coming years, HCPF should provide educational material to the Division of Probation Services, community corrections programs, and the Department of Corrections to encourage use of services by justice-involved individuals.

Discussion: To expand access to services, every effort should be made to remove barriers to accessing behavioral health service benefits for offenders. This requires proactively considering the justice population in health care reforms. HCPF plays a key role in this proposal because it is managing the implementation of the federal Patient Protection and Affordable Care Act (P.L. 111-148, PPACA) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). These reforms expand Medicaid and so will significantly improve access to substance abuse and mental health services for many individuals in the justice system, including young adults and adults without children.

RECOMMENDATIONS FROM 2009

4. CONSOLIDATE AND STREAMLINE FUNDING FOR THE DIVISION OF BEHAVIORAL HEALTH. (14/0/0)

The Commission's Treatment Funding Working Group supports the ability of the Division of Behavioral Health in the Department of Human Services to ask the General Assembly's Joint Budget Committee to consolidate funding lines for the following purposes:

a. Maximize the availability and use of resources for offender treatment;
b. Increase the flexibility to address the multiple needs of offenders, to evaluate and support programs that demonstrate positive outcomes; and

c. Minimize the administrative burden associated with
    i. Reporting requirements for treatment providers,
    ii. Evaluating program outcomes, and
    iii. Managing multiple funding streams;
d. Standardize a program evaluation process and support programs that demonstrate positive outcomes.

Discussion: The Division of Probation requested and received such a budget modification from the Joint Budget Committee, considerably increasing its ability to direct funding to populations most in need of resources.

5. USE THE COMMISSION'S EVIDENCE-BASED PRACTICES TRAINING INITIATIVE (EPIC) AS A VEHICLE TO EDUCATE CRIMINAL JUSTICE PROFESSIONALS IN EFFECTIVE BEHAVIORAL HEALTH TREATMENT (14/0/0)

Discussion: The Commission's Evidence-Based Practices Training Initiative (Evidence Based Practices Implementation for Capacity, or EPIC) should include in its overall plan the training of professionals to use a comprehensive approach to treatment matching. This requires educating those involved in sentencing and supervision (judges, prosecutors, defense attorneys, probation/parole/community corrections officers and supervisors, and private treatment providers) on strategies to enhance successful treatment completion. This approach requires understanding of the need to view behavioral health treatment as a response to a chronic rather than an acute medical condition.

The length of supervision and treatment must align to produce the most optimal offender outcome. Judges, supervising officers, and treatment providers must work together to link the length of the sentence with the treatment plan. Individuals progress through drug abuse treatment at different rates, but research concludes that lasting reductions in criminal activity and substance abuse are related to longer lengths of treatment. A longer continuum of treatment and supervision may be indicated for offenders with severe or multiple problems, and shorter periods may be indicated for those with less serious problems—but the duration of the sentence and the period of treatment should be synchronized to maximize positive outcomes.

Legal pressure can improve retention in treatment. Supervising officers and other judicial officials must carefully leverage this pressure specifically to improve offender participation in, and completion of, treatment requirements. Outcomes for drug abusing offenders in the community can be improved when supervising officers actively monitor treatment compliance. Further, supervising officers must skillfully encourage and promote each offender to successfully complete treatment.

The education process should include the following information:

a. Objective offender assessments and case management should result in treatment matching in the areas of frequency, duration and intensity; and it is the responsibility of the court, those who supervise offenders in the community, and those in the healthcare system to ensure the appropriate treatment is delivered.
b. Information about the dynamics of addiction and recovery should be delivered to those involved in sentencing and supervision (judges, prosecutors, defense attorneys, field staff and supervisors, and private treatment providers) to maximize treatment resources and promote recidivism reduction.

6. RESPECTFULLY REQUEST THAT THE CRIMINAL JUSTICE COMMITTEE OF THE BEHAVIORAL HEALTH TRANSFORMATION COUNCIL DISCUSS AND IDENTIFY POTENTIAL STRATEGIES TO EXPAND ACCESS TO MEDICAID FOR COMMUNITY CORRECTIONS CLIENTS. (14/0/0)