

CCJJ: Drug Policy Task Force
Recommendations
December 10, 2010
[As approved]

FY11-D19. Coordinate funding mechanisms related to offender treatment

The criminal justice committee of the state's Behavioral Health Transformation Council should 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.

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.

FY11-D20. Implement a standardized mental illness screening instrument

Implement a standardized mental illness screening instrument as part of the presentence investigation or, if none was completed, at post-sentence probation intake.

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.

FY11-D21. Prioritize early health care interventions and alignment of resources

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.

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.

FY11-D22. Consolidate funding for DBH

Consolidate and streamline funding for the Division of Behavioral Health.

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. This recommendation would provide a similar adjustment for the Division of Behavioral Health.

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FY11-D23. Use the EPIC program as an example to educate criminal justice professionals

Use the Commission's Evidence-based Practices Training Initiative (EPIC) as a vehicle to educate criminal justice professionals in effective behavioral health assessment and treatment.

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, explaining that:

- 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. 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.*

FY11-D24. Develop strategies to expand access to Medicaid for community corrections clients

The Criminal Justice Committee of the Behavioral Health Transformation Council should discuss and identify potential strategies to expand access to Medicaid for Community corrections clients.