Colorado Commission on Criminal & Juvenile Justice

FY2017 RECOMMENDATION/FY17-MH01 Strengthen a Community-Based Crisis Response

Status: Implementation Complete

Actions/Updates

2017 FINAL UPDATE
With the passage and signing of SB17-207 (Strengthen Colorado's Statewide Response to Behavioral Crises) the work on this recommendation is complete.

No further action required.

2017 INITIAL UPDATE
This recommendation required statutory change.

Description

Position the Colorado Crisis Services System as the comprehensive response to behavioral health emergencies in all Colorado communities by making the following reforms: a) Strengthen and enhance existing crisis services and resources; b) Amend §27-60-103 to clarify the intent of the crisis system; c) Undertake conforming regulatory changes to crisis system contracting; and d) Commit resources to incentivize the development and expansion of the crisis services provider network.

Agencies Responsible

General Assembly

Discussion

Recommendation FY17-MH #01 - Elements
Position the Colorado Crisis Services System as the comprehensive response to behavioral health emergencies in all Colorado communities by making the following reforms:
• Strengthen and enhance existing crisis services and provide resources to expand the system to ensure an appropriate health care response to behavioral health crises across Colorado.
• Amend statute (§27-60-103, C.R.S, enacted by SB13-266) to clarify the intent of the crisis system and formally introduce the responsibilities of being the preferred response to behavioral health crises across the state, and for engaging in community partnerships that facilitate such a response.
• Crisis System contracting and regulatory reform should specify the operational components necessary to achieve these responsibilities. View APPENDIX A

• The general assembly should commit resources to incentivize the development and expansion of an adequate crisis services provider network. View APPENDIX B

Proposed Statutory Language
Clarify the intent of the crisis system in legislation (§27-60-103, C.R.S; see SB13-266) to add:
• First line of response to individuals in need of an M-1 hold
• Eliminate the criminalized experience and restricted access to treatment that can occur in jails for those with mental illness by leading the development of a partnership-supported network of crisis services.
A bill draft is appended as APPENDIX C (see "Recommendation Text" for bill draft).

Discussion
Colorado's Crisis System was developed to create an appropriate response to behavioral health crises and thereby reduce utilization of the criminal justice system and emergency departments to house or treat individuals with mental illness. To ensure that this system is effective in achieving its intended purpose, resources must be dedicated to cross-system collaboration as well as independent expansion. By taking steps to strengthen and enhance the Crisis System, Colorado will ensure that peace officers and other first responders are equipped with a variety of options when encountering behavioral health crises in the community. Enhancing this system will ensure that Colorado citizens who experience mental health crises are cared for by healthcare professionals, in turn relieving the criminal justice system.

APPENDIX A:
To ensure operational functionality of the crisis system in this proposed role, the following should be pursued in contracting and regulation.

Decriminalization of Mental Illness in all Crisis Regions:
• Minimum of 1.0 FTE Justice Liaison/Community Coordinator per contractor (4.0 FTE total in the state) to oversee the contractors' engagement initiatives with key community partners, (criminal justice agencies, emergency departments (EDs)s, hospitals, primary care facilities, etc.)
  o To be fully effective, a community resource team should be considered, to include the following positions:
    - Director/Program Oversight, Marketing/Community Relations, Training Director, and Peer Specialist Program Director
• Formalize relationships with all law-enforcement departments in region and continue pursuit of collaborative community programming.
• Ability to intervene in behavioral health crises in the community as soon as they are identified to prevent a criminalized experience and/or the potential for a criminalization trajectory.
  o Build close relationships with first responders/dispatch centers to facilitate this.

Management of M1 Holds in all Colorado Communities:
• Specify that all Walk-in-Centers are prepared to take individuals on M1 holds and are 27-65 designated. Formalize partnerships to prioritize caring for high-acuity individuals in the least restrictive environment and without the use of law enforcement.

• Ensure all crisis services facilities, regardless of facility licensure, are able to adequately care for individuals on an M1 hold. Initiatives should focus on appropriate staff ratios, training of staff, and adequate reform to increase security.
  o Introduce a CSU facility licensure category and standardize expectations/involvement.
• Introduce regulations that formalize the expectation that rural crisis facilities engage with 24/7 facilities in their region (including but not limited to rural hospitals, EMS, medical labs, emergency clinics, primary care facilities, etc.) to form facility placement agreements and other local arrangements.
  o Regulations must be bi-directional to ensure engagement by both entities who are entering into agreements.
• Create a state-wide 27-65 web-based portal for data submission to support designated facilities by decreasing administrative workload and increasing capacity.
• Seek guidance from the 27-65 Board that allows providers to utilize telehealth for crisis services including emergency assessment & evaluation for treatment.

APPENDIX B:
To ensure an adequate crisis response network in all Colorado communities, the following should be prioritized for additional funding.

• Expand existing facilities and operations to reach 24/7 capacity in all counties
  o Mobile Response Units – 24/7 capacity.
    - Fiscal supports & incentives (both to the crisis contractor and community partners) to purchase, install, and use of tele-health for mobile crisis evaluations in partnership settings (e.g. hospitals, health clinics, law enforcement facilities, and other crisis service locations.)
  o Walk-in-Centers – 24/7 ability to manage high-acuity encounters.
    - Fiscal supports & incentives (both to the crisis contractor and community partners) to purchase, install, and use of tele-health for walk-in crisis evaluations in partnership settings.
    - Expand crisis services network in each crisis region by incentivizing the partnering with or designating of 24/7 and tele-health capable walk-in-centers at existing facilities in rural communities:
      • Allow crisis contractors to subcontract with rural providers.
        o Target areas: Western Slope, NE region, SE region
      • Potential subcontracted providers may include:
        o Existing Crisis Contractor facilities that are not currently crisis services (i.e. ATU, outpatient offices)
        o Other CMHC outpatient facilities/clinics
        o SUD treatment facilities
        o Law enforcement substation with CMHC or crisis staff conducting services via tele-health
        o Other primary care facilities

• Incentivize local partnerships between law enforcement, behavioral health, and other first responders.
  o Fund new and existing joint programs that match community need and density using the Bureau of Justice Assistance's Police Mental Health Coordination Toolkit (PMHC toolkit), state (e.g., EDGE, CRT) and national models.

- Embed crisis clinicians/consultants in first response systems (law enforcement ride-along, dispatch centers, etc.)
  o Provide resources to support crisis contractors' employee (minimum 1 FTE) community coordinator to facilitate relationship building and program oversight.

• Develop and install additional tele-suites (equipment, training, other supports) to ensure 24/7 crisis tele-assessment capacity in every county. Funding to promote joint-utilization between systems (criminal justice agencies, hospitals, etc.)
  o Provide the crisis system with the capacity to install, market, and provide technical assistance for this capacity.
  o Create a state-level coordinator position (e.g., Office of IT – State Telehealth Coordinator) to oversee piloting, utilization, and outcomes.

• Support crisis contractors to expand mobile capacity in rural areas as appropriate.
  o Allow for crisis clinicians to respond to more incidents independently or jointly with first responders.
  o These teams should have a primary role in outreach, dispatch, community-coordination, etc. to match the rural communities' needs.

• Develop, as needed, data collection and outcome evaluation systems.
  o Analysis to focus on clinical outcomes, cross-systemic cost-avoidance, best-practice development, contract compliance, etc.

• Explore development of new crisis facilities and services to ensure adequate capacity in all regions of Colorado.
  o Increase ATU, CSU, WIC, respite capacity where need is determined.
  o Expand resources for peer services and explore increasing the scope of work for peers.

APPENDIX C:
A bill draft is available at the "Recommendation Text" link.