



## Colorado Commission on Criminal & Juvenile Justice

### **FY2019 RECOMMENDATION/FY19-MH01 Develop Collaborative Pilot Programs to Provide Care for Jail Detainees with Acute Behavioral Health Needs [Policy; Budgetary]**

**Status:** Implementation Unknown

#### **Actions/Updates**

##### **2023 UPDATE (JUNE)**

During the FY 2023 Legislative Session, Senate Bill 2023-158 to reauthorize the Colorado Commission on Criminal and Juvenile Justice (CCJJ) was postponed indefinitely on May 7, 2023. Therefore, with the sunset of the Commission, all activities of the CCJJ ceased on June 30, 2023.

No further monitoring of CCJJ recommendations will occur.

##### **2019 UPDATE**

Approved by the CCJJ on February 8, 2019, this recommendation requires funds for a pilot program to support collaboration between a qualifying hospital or acute care setting ("27-65 designated" facility) and jails in one urban region and one rural region of the state (See, C.R.S., §27-65, Care and Treatment of Persons with Mental Health Disorders.). There was no action on this recommendation during the FY2019 Legislative session.

#### **Description**

This recommendation creates pilot options to provide quality care for individuals held in jail who have acute behavioral health needs that are beyond the ability of the jail to manage and who do not meet criteria for diversion with the goals to develop information and experience necessary to advance a state-wide solution. This recommendation proposes the following:

- A care transitions partnership between local and regional acute care hospitals and county jails that provides quality care for jailed individuals who have acute behavioral health needs that are beyond the ability of the jail to manage.
- The target patient population includes those who are not eligible for diversion programs due to the serious nature of the criminal charge and whose behavioral health needs surpass the capacity of the jail to manage with existing in-house medical and/or mental health service providers.
- This partnership allows for the transfer of jailed individuals to acute care facilities for provision of appropriate services and is modeled after, and expands upon, the existing partnerships and transfer protocols for individuals experiencing a medical crisis while being held in jail.
- To support the development of initial pilot sites and to allow for one-time building modifications or other required changes, it is anticipated that additional state funds will need to be allocated to pilot this solution in one rural region and one urban region.

#### **Agencies Responsible**

Pilot program sites - cooperative agreement between jails and "27-65 designated" acute care facilities (in 1 urban region and 1 rural region).

## **Discussion**

[The Pilot Description details may be found in the related "Recommendation Text."]

Every day in Colorado, numerous individuals with behavioral health needs are housed in local jails. While some of these individuals are appropriate for diversion programs, some are not based on the nature of their charges and are required to remain in a jail.

Feedback from county jail administrators suggests that a minimum of 100 individuals annually, statewide, may need to be transferred from a jail to an acute care provider.[Footnote 1] Currently the most common method jail officials have to manage this population is to request a court order to transfer the individual to Colorado Mental Health Institute/Pueblo (regardless whether competency is raised or not, due to acute psychiatric needs); there is a significant backlog for those awaiting transfer.

Jails have limited capacity to provide necessary treatments or services for these individuals who are required to remain in jail. Jails are not authorized to provide involuntary medication to individuals and not all jails in our state have nursing staff or mental health staff available daily, and very few have around-the-clock staffing. Jails can initiate and access hospitalization services for individuals with acute medical concerns and can even seek reimbursement for those acute care providers for Medicaid-eligible individuals during their detention.

However, efforts to transfer these individuals with acute behavioral health needs to these and other community services for stabilization and services are often unsuccessful. Effectively addressing the mental health needs of this patient population will not only provide direct benefit to the individuals and improve safety for jail staff, but may also significantly improve outcomes, such as system expenditures and recidivism, that would otherwise be absorbed by the broader community if no appropriate services are provided.

It is anticipated that most of these individuals will be eligible for Medicaid during their incarceration based on data from the Department of Health Care Policy and Financing (HCPF) indicating that approximately 65-75% of individuals leaving Colorado Department of Corrections are Medicaid eligible. Further, a survey of jails undertaken by the Task Force suggests the rates for jail populations to be higher. As a result, any community-based stabilization service, provided they are administered in accordance with federal regulations, would be eligible for reimbursement from the HCPF, the state executive agency that administers Colorado's Medicaid program.

It is anticipated that additional state resources would be necessary to cover additional services and costs associated with these episodes of care.

## **Footnotes**

[1] Based on information obtained from several metro-county jail officials, it is estimated that the acute behavioral health population is about 1% of the total jail population. There are approximately 13,000 jail beds in Colorado, suggesting that the size of this target population is a minimum of 100-130 individuals over the course of a year that require services for acute needs. Additionally, recent projections by the Office of Behavioral Health (OBH) for restoration beds is upwards of 250-300 which appears to support (albeit with a slightly different focus) this estimate of approximately 100 beds total for the state to meet this acute need.