



COLORADO
Office of Behavioral Health
Department of Human Services

Expansion of the Colorado Crisis System Report (C.R.S. 27-60-103 (6) (b))

November 1, 2017

PREPARED FOR

The Governor; Joint Judiciary Committee; Joint Health and Human Services Committee;
Joint Budget Committee; Behavioral Health Transformation Council; and Commission on
Criminal and Juvenile Justice

PREPARED BY

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Executive Summary

The following report provides a brief overview on the status of Colorado Crisis Services expansions. Senate Bill 17-207, which was signed by Gov. John Hickenlooper in May 2017, provided \$7.1 million to the Office of Behavioral Health (OBH) in the Colorado Department of Human Services to expand the crisis system and better equip law enforcement to respond to individuals in mental health crisis. In addition, the Long Bill allocated \$2.6 million for Law Enforcement Assisted Diversion (LEAD) pilots to assist law enforcement with redirecting individuals to community-based services instead of jail.

This first infusion of funds to improve the crisis system, which is more than \$3.4 million, supports enhanced partnerships between law enforcement and the four regional crisis contractors -- West Slope Casa, Southern Colorado Crisis Connection, Northeast Behavioral Health and Community Crisis Connection. The planned regional improvements will:

- Increase collaboration with local law enforcement;
- Improve capacity to conduct face-to-face (including telehealth) assessments;
- Ensure that walk-in centers, crisis stabilization units and acute treatment units are able to accept and triage individuals on emergency mental health holds; and
- Expand local partnerships to ensure jails are not used as a placement option for individuals on emergency mental health holds.

The Office of Behavioral Health has worked closely with the crisis contractors to finalize contracts for this purpose. This collaborative process required multiple iterations as requested by the contractors to meet the needs of each community and address feedback from community partners and providers. The Department was pleased to provide continuing technical assistance during this time to ensure the amendments met the legislative intent and unique regional needs. Contracts with three of the four regional crisis partners and the rural enhancement contract were fully executed as of October 30, 2017. The Department has given the remaining contractor until November 3 to submit their final version of the contract for their region. The contractor requested to change their contract on October 30 due to their concerns about capital construction timelines. The Department will expedite the contract to ensure full execution in the timeliest manner possible.

Additional enhancements through both Senate Bill 17-207 and the Long Bill will be completed through the state solicitation process, many of which are out for bid. Awardees are ideally announced within 30 days of closing each bid, depending on the number of proposals and the scheduling of the state procurement office scoring committee.

Introduction

The Colorado Department of Human Services' Office of Behavioral Health respectfully submits this Senate Bill 17-207 Colorado Crisis Services Report to the Governor; Joint Judiciary Committee; Joint Health and Human Services Committee; Joint Budget Committee; Behavioral Health Transformation Council; and Commission on Criminal and Juvenile Justice in compliance with the following statutes:

1) Colorado Revised Statute 27-60-103 (6) (b) (2017)

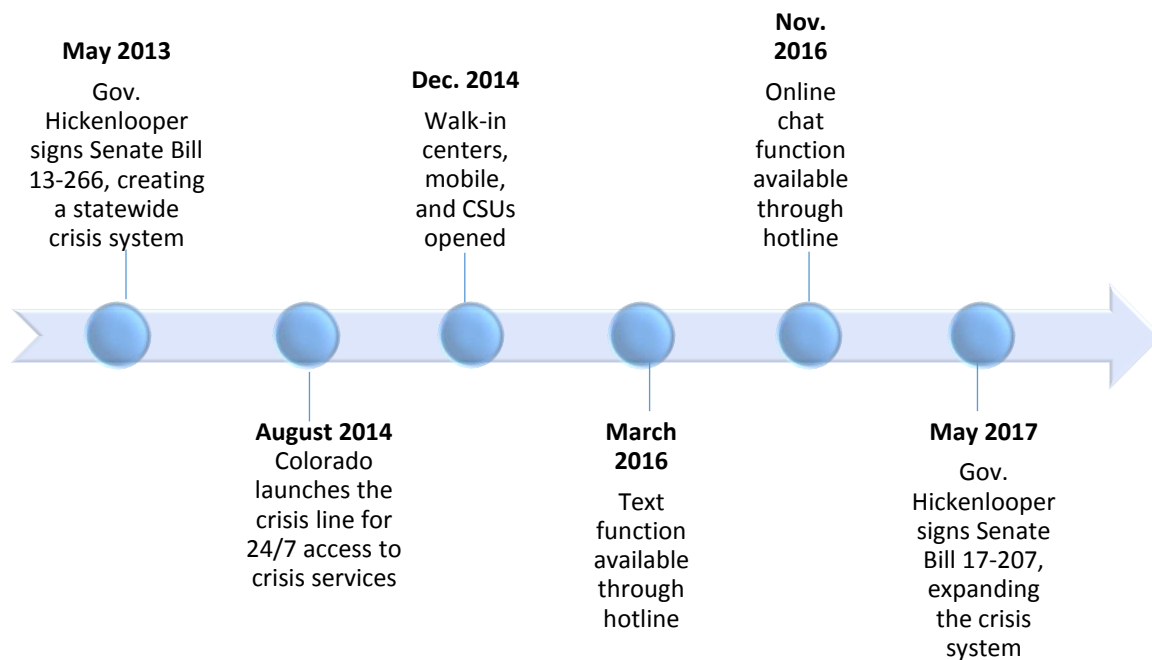
On or before November 1, 2017, the office of behavioral health within the state department shall prepare a report and submit such report to the joint judiciary committee; the joint health and human services committee; the joint budget committee; the governor; the behavioral health transformation council, established in section 27-61-102; and the commission on criminal and juvenile justice, established in section 16-11.3-102. At a minimum, the report must include details concerning the current status of funding and the implementation of the expansion of behavioral health crisis services.

History and Overview of Colorado Crisis Services

Colorado Crisis Services (CCS) was built in 2014 in response to the Aurora Theater shooting through the State of Colorado's initiative "Strengthening Colorado's Mental Health System: A Plan to Safeguard All Coloradans." This initiative set forth by Governor John Hickenlooper, in partnership with the Colorado Department of Human Services (CDHS), aimed to strengthen Colorado's mental health system and to provide Coloradans with greater access to behavioral healthcare services as part of a continuum of care, regardless of ability to pay. The Colorado Department of Human Services' Office of Behavioral Health is committed to enhancing the Behavioral Health Crisis Response System to ensure comprehensive, coordinated, easily accessible, culturally informed and integrated services are available for people who are experiencing a behavioral health crisis. A comprehensive system promotes universal access to the most appropriate supports and resources as early as possible and decreases inappropriate and unlawful utilization of jails and prisons.

Colorado's statewide crisis program provides clinical and peer support for individuals in need of mental health, substance use or emotional crisis help. The term 'crisis' was intentionally not defined to ensure people reaching out for services could self-define their experience, allowing for accessibility that does not require formal diagnosis or connection to a specific issue.

Figure 1. Timeline of Colorado Crisis Services



Colorado Crisis Services are administered through the Colorado Department of Human Services’ Office of Behavioral Health. Services are provided by four regional crisis contractors, which provide walk-in, crisis stabilization and respite services, and a statewide crisis hotline contractor.

Crisis Providers

Figure 2. Crisis Providers, Service Areas by County and Mental Health Providers

Crisis Partner	Service Area	Service Providers	Services Available
Community Crisis Connection (CCC)	Denver-Boulder metro area: Boulder, Broomfield, Gilpin, Clear Creek, Jefferson, Douglas, Adams, Arapahoe and Denver	Aurora Mental Health Center, AllHealth Network, Community Reach Center, Jefferson Hills, Jefferson Center for Mental Health, the Mental Health Center of Denver and Mental Health Partners	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Northeast Behavioral Health (NBH)	Northeast Colorado: Larimer, Weld, Morgan, Logan, Sedgwick, Phillips, Yuma, Washington, Elbert, Lincoln, Kit Carson and Cheyenne	Centennial Mental Health Center, North Range Behavioral Health and SummitStone Health Partners	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Southern Colorado Crisis Connection (SCCC)	Park, Lake, Chaffee, Teller, El Paso, Fremont, Custer, Saguache, Custer, Crowley, Kiowa, Otero, Bent, Prowers, Baca, Las Animas, Huerfano, Alamosa, Conejos, Rio Grande, Mineral, Costilla and Pueblo	AspenPointe, San Luis Valley Behavioral Health, Solvista Health, Southeast Health Group and Health Solutions (formerly Spanish Peaks), as well as subcontracts for additional residential respite and mobile response services	Walk-In, Crisis Stabilization Unit, Mobile and Respite
West Slope Casa (WSC)	Moffat, Routt, Jackson, Grand, Rio Blanco, Eagle, Summit, Garfield, Pitkin, Mesa, Delta, Gunnison, Montrose, Ouray, Hinsdale, San Juan, San Miguel, Dolores, Montezuma, La Plata, and Archuleta	Axis Health Solutions, The Center for Mental Health and Mind Springs Health	Walk-In, Crisis Stabilization Unit, Mobile and Respite
Rocky Mountain Crisis Partners	All 64 counties across Colorado		Hotline

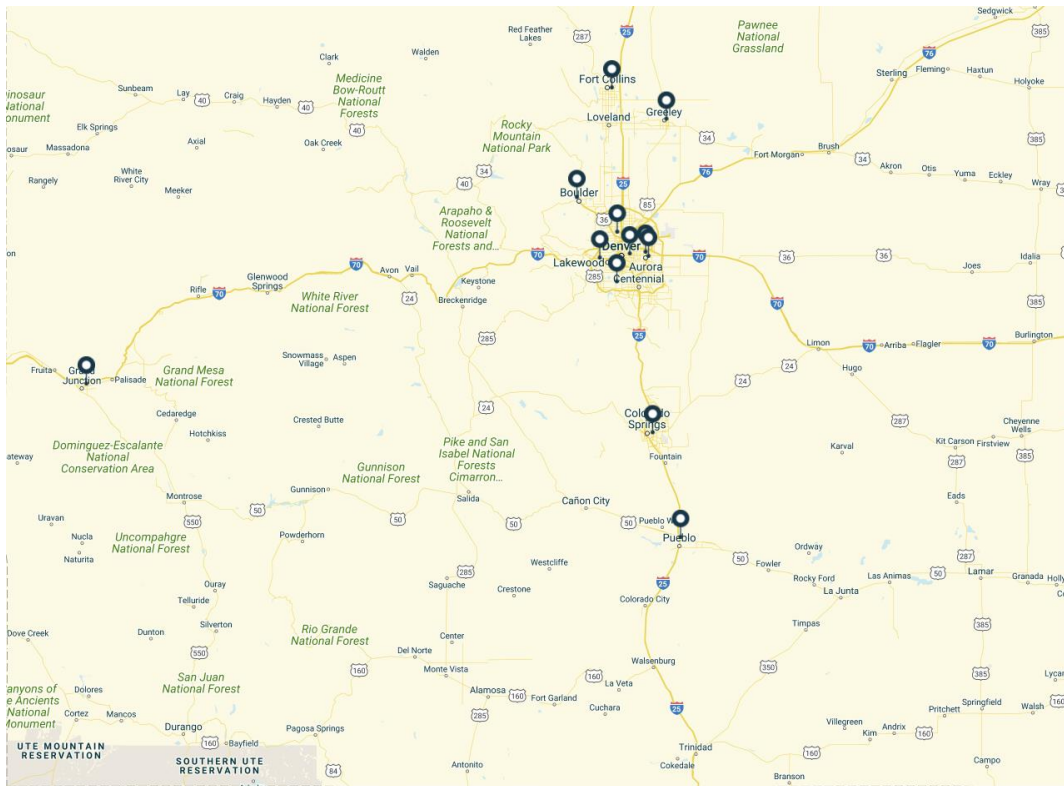
Crisis Service Modalities

Colorado Crisis Services include five service modalities: the statewide crisis hotline, regional walk-in crisis services and crisis stabilization units, regional mobile crisis and respite services in some areas of the state.

Crisis Line: The crisis line in Colorado (1-844-493-8255) consists of a hotline and a warm line, staffed to support people in need 24/7. The hotline is staffed by master's level behavioral health clinicians and the warm line is staffed by peers. The crisis providers at the hotline use a Care Team model, in which severity of need is determined by a member of the team who is able to connect the caller with the appropriate level of support. The crisis line staff also respond to individuals through the 24/7 text service option (text "TALK" to 38255), or an online chat function (4 p.m. to midnight at <http://coloradocrisisservices.org/chat/>). Translation services are available for non-English speakers. When the crisis hotline identifies an urgent or emergent situation, they will contact the regional crisis contractor to deploy a mobile clinician or contact law enforcement if necessary.

Walk-In Crisis Services and Crisis Stabilization Units (CSU): Walk-In Centers are open 24/7, and offer confidential, in-person support, assessment, information and referrals to anyone in need. Individuals who are seeking in-person assistance, or are helping others with a crisis, can always present at one of the existing 12 walk-in centers across the state. Eight of the walk-in locations also include a crisis stabilization unit (CSU). These crisis stabilization beds are available for one to five days for individuals who need intensive services. CSUs are 27-65 designated and can accept voluntary or involuntary individuals. Upon admission, the individual is evaluated by a licensed behavioral health clinician within 24 hours. Services during a CSU stay may include continued risk assessment, psychiatric medication management, peer counseling, brief clinical therapy and/or resource coordination. Locations are displayed in Figure 3 below.

Figure 3. Map of Current Walk-In Crisis Services Locations in the State of Colorado



Mobile Services: Mobile crisis services are available statewide to respond to crisis in various community-based locations. Mobile clinicians are deployed to meet individuals in crisis, conduct an assessment and make a determination of treatment needs. Typically, these clinicians may resolve a crisis situation and make appropriate follow-up recommendations or could refer the person to a higher level of treatment such as a CSU. Mobile services are accessed through the crisis line or deployed by provider agencies.

Respite Services: Respite services may be provided in home, in the community or in residential facilities to offer additional crisis stabilization and support in a safe and neutral environment. A referral to respite services requires an assessment at a walk-in center or by a mobile crisis clinician. Respite services are typically provided by peer specialists or para-professionals, and can be provided for up to 14 days, following the referral for services. In-home and community-based respite may include assisting an individual with connecting to resources, providing basic coping skills and emotional support, and serving as an added support following a crisis episode. Where available, residential respite services provide voluntary individuals, who would benefit from supervision but are not an acute threat to themselves or others, with a safe and supportive environment to stay for up to 14 days.

Crisis Expansion with Senate Bill 17-207

Overview

On May 18, 2017, Gov. John Hickenlooper signed Senate Bill 17-207, strengthening Colorado's crisis response system and effectively ending the use of jails as a placement option for individuals on an emergency mental health hold.

The bill was drafted by the Colorado Commission on Criminal and Juvenile Justice based on recommendations and significant input from the Mental Health Hold Task Force, outlined below. The Mental Health Hold Task Force -- comprised of a diverse set of stakeholders including law enforcement, mental health advocates, hospitals, clinicians, regulatory agencies, legislators, and people with lived experience and their families -- was created at the governor's request in 2016 to identify ways Colorado's system could better serve individuals in a mental health crisis.

Figure 4. Mental Health Hold Task Force Recommendations

MENTAL HEALTH HOLD TASK FORCE FINAL RECOMMENDATIONS
Recommendation 1: End the Use of Law Enforcement Facilities for M-1 Holds
Recommendation 2: Streamline Regulations and Establish a Stronger System of Accountability
Recommendation 3: Establish a Tiered System for Carrying Out M-1 Holds
Recommendation 4: Ensure Network Adequacy
Recommendation 5: Expand and Extend the Behavioral Health Workforce
Recommendation 6: Create a Sustainable and Reliable Data Monitoring System
Recommendation 7: Ensure Proper Payment for Treatment of Individuals on Mental Health Holds
Recommendation 8: Identify and Pilot Client Transportation Solutions that Reduce the Costs, Stigma and Trauma Associated with M-1 Transport

Through Senate Bill 17-207, OBH is working with providers to expand availability of mobile clinicians, use of telehealth and technology, improve options for crisis stabilization in underserved communities, use new options for transportation for people in crisis and support collaboration between behavioral health clinicians and law enforcement. Specifically, the funding from Senate Bill 17-207 and an addition to the Long Bill will support a range of new programs and expand funding for existing work.

Figure 5. Senate Bill 17-207 Breakdown of Funding

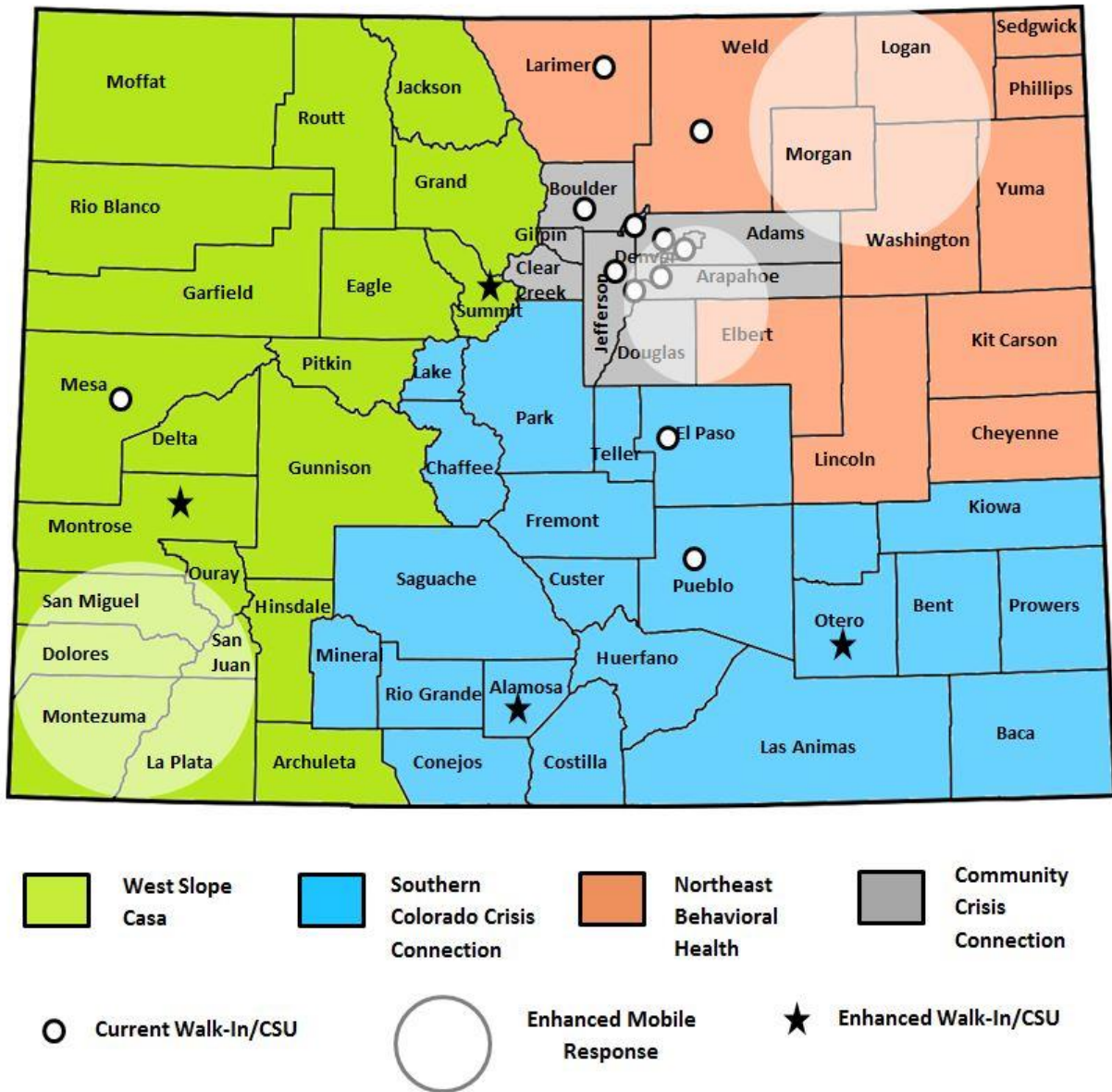
Program	Recipient	Annual Funding	Status *
Regional Enhancement of Crisis Services	West Slope Casa, Southern Colorado Crisis Connection, Northeast Behavioral Health, Community Crisis Connection	\$2,000,000 (\$500,000 per region)	As of October 30, 2017, contracts were executed for three regions. The contract for the remaining region must be submitted by November 3 and the Department will expedite the contract.
Rural Enhancements to the Crisis System on the Western Slope	West Slope Casa	\$976,255	Contract executed on October 30, 2017.
Salaries for a Crisis Coordinator	West Slope Casa, Southern Colorado Crisis Connection, Northeast Behavioral Health, Community Crisis Connection	\$440,000 (\$110,000 per region)	As of October 30, 2017, contracts were executed for three regions. The contract for the remaining region must be submitted by November 3 and the Department will expedite the contract.
LEAD and Co-Responder Pilots	TBD, currently soliciting award	\$5,200,000	Request for Applications posted September 2, 2017. Currently responding to 51 questions submitted by inquiry date on October 12, 2017. Original submission date was scheduled for November 7, 2017. Anticipate scoring proposals late November with Intent to Award published in December. While contracts are being finalized by both parties, OBH may seek approval for interim purchase order or fiscal rule waiver to allow Contractor to begin work prior to contract execution.
LEAD and Co-Responder Evaluation	University of Colorado	\$170,000	Currently drafting and negotiating Interagency Agreement (IA). Anticipate executing IA by the end of January 2018.

EXPANSION OF THE COLORADO CRISIS SYSTEM REPORT

<p>First Responder and Law Enforcement Training</p>	<p>TBD, currently soliciting award</p>	<p>\$107,500</p>	<p>Invitation for bid posted on October 19, 2017. Closes November 2, 2017. Anticipate announcing awardees in December 2017. While contracts are being finalized by both parties, OBH may seek approval for interim purchase order or fiscal rule waiver to allow Contractor to begin work prior to contract execution.</p>
<p>Transportation Pilot</p>	<p>TBD, currently reviewing bids</p>	<p>\$435,000</p>	<p>Request for proposals posted on August 28, 2017. Closed on October 3, 2017. The scoring committee will meet early November. If proposal meets RFP criteria, Intent to Award may be issued as early as mid-November. While contracts are being finalized by both parties, OBH may seek approval for interim purchase order or fiscal rule waiver to allow contractor to begin work prior to contract execution. It is anticipated that another solicitation may need to be published to support a second pilot location.</p>
<p>Program Evaluation for Crisis and Transportation Pilot</p>	<p>TBD, currently soliciting award</p>	<p>\$100,000</p>	<p>Anticipate posting a documented quote for bid early November. Project evaluation and issuing the Intent to Award in November. While contracts are being finalized by both parties, OBH may seek approval for interim purchase order or fiscal rule waiver to allow contractor to begin work prior to contract execution.</p>

*Timelines referenced in this table are estimates and may be subject to change.

Figure 6. Map of Enhancement Walk-In/CSU and Mobile Response by Region



Regional Enhancements

The planned **regional enhancements** include \$500,000 for each region to make local improvements, as well as \$110,000 each for a **regional coordinator** responsible for developing partnerships with law enforcement in each region. The Western Slope received an additional \$976,255 specifically to **enhance rural crisis response**, which is a target area for improvement in the crisis system.

Existing contractors were provided a template in May 2017, following the signature of the bill, to begin planning efforts for expansions. Consistent with the intent of Senate Bill 17-207, these expansion plans were required to outline actions that will:

- Increase the collaboration between the Colorado Crisis Response System regional contractors and local law enforcement;
- Ensure adequate capacity to conduct face-to-face (including tele-health) assessments within one hour urban and two hours rural of initial request;
- Ensure that walk-in centers, crisis stabilization units and acute treatment units are able to accept and triage individuals on mental health holds; and
- Expand local partnerships between the Colorado Crisis Response System and emergency departments and other community service providers to ensure safe, humane and legal alternatives to holding individuals on M1 holds in jails.

Contractors were required to submit plans that included evidence of participation of key stakeholders, including law enforcement, in development of the plan and demonstrate that the funding will address the issues outlined in the Mental Health Hold Task Force Recommendations and the legislation. The plans were initially due in June 2017 to OBH. By request of several of the contractors, this due date was extended to July 3, 2017. After submission of the plans, the following contractors had signatures from the listed stakeholders:

- Southern Colorado Crisis Connection (SCCC)- El Paso County Sheriff's Office, San Luis Valley Regional Medical Center and signed letter from Senator Michael F. Bennet
- Community Crisis Connection (CCC)- Aurora Police Department and Arapahoe County Sheriff's Office
- West Slope Casa (WSC) - Their plan stated that "signatures have not been obtained on short notice, but will be forthcoming as communities continue in collaboration toward regional solutions." They included a list of stakeholder engagement efforts, of which OBH staff participated.

- Northeast Behavioral Health (NBH)- City of Fort Collins Police Services, UC Health Emergency Services, Greeley Fire Department, City of Greeley Police Department, City of Loveland Police Department and the North Colorado Health Alliance

OBH staff held several calls with regional contractors after receiving the initial draft statement of work proposals for regional enhancements. Calls were held throughout July 2017 with each regional crisis contractor to clarify proposal plans and implementation strategies to ensure the goals of funding met the legislative intent. The initial crisis contractor proposals and subsequent statements of work were drafted based on the vetted proposals submitted to OBH in July. These vetted statements of work included funding from other sources, including Senate Bill 17-202, as the regional entities were exploring co-located services and options for blending resources to support necessary infrastructure enhancements. On August 18, 2017, after working collaboratively on multiple iterations of draft statements of work, final versions were reviewed by the contractors and OBH staff, with the intent to execute contracts. Final statements of work were sent to the contractors for signature on August 28.

The Colorado Behavioral Healthcare Council (CBHC) sent a letter to OBH on September 7, 2017, requesting additional changes and outlining concerns on behalf of the crisis contractors. In the interests of executing a successful program, CBHC and OBH collaboratively worked to identify solutions to the outlined challenges in the letter. CBHC requested that only language directly funded by 207 be included in the crisis enhancement amendments and the language provided to OBH for co-located detox and Senate Bill 17-202 funds be removed from previously negotiated amendments. Second, CBHC outlined the need for facility licenses specific to crisis stabilization units. Several challenges related to co-location of detox and crisis walk-in facility licensing were identified by CBHC and the regional contractors. OBH agreed to work with the Colorado Department of Public Health and Environment (CDPHE) and evaluate differing licensing standards related to crisis stabilization units and co-location of mental health and substance use facilities. OBH has initiated discussions with CDPHE to identify opportunities to streamline. Additionally, CBHC outlined issues related to data tracking and reporting and requested the removal of some data requirements in the amendments.

Following the request by CBHC to re-draft the contract amendments, OBH and CBHC met on September 12, 2017, to finalize expectations and changes. OBH and CBHC agreed to identify the population consistent with the legislation and the contractors would be *“responsible for the management and appropriate disposition for all referrals including:*

1. *Individuals who are aggressive*
2. *Individuals with co-occurring substance use and mental health disorders*

3. *Individuals who are referred by law enforcement*
4. *Individuals on an M-1 hold*
5. *Individuals who present as altered by a substance (e.g. drug/alcohol)*
6. *Individuals who are at imminent safety risk who may be suicidal, homicidal or gravely disabled*

Contractor may divert individuals when the following circumstances are present:

1. *Acute intoxication*
2. *Acute medical issues*
3. *Violent or aggressive despite efforts to de-escalate*

Diversions to emergency departments should be reserved for individuals with acute medical issues. Contractor shall ensure all individuals who are referred for care are either treated or diverted to an appropriate location in a timely manner. Jail is not an acceptable location for diversion unless the individual has been charged with a crime and accepting someone on a detainer is ruled out as an option.

The CSU shall be 27-65 designated and adhere to applicable Rule sections in 2 C.C.R. 502-1. The contractor shall initiate a waiver request in accordance with 2 C.C.R. 502-1 Section 21.120.7. The state prescribed form can be found at <https://www.colorado.gov/pacific/cdhs/forms>. Contractor shall be responsible for coordination of care within or between facilities."

OBH completed the new contracts based on this agreement and mailed the updated amendments for signature on October 12, 2017. Regional contracts to the original crisis contracts were returned between October 19 and October 23, 2017. Contract amendments with three of the four regions and the rural enhancement contract were fully executed as of October 30, 2017. SCCC requested several changes to their proposal on October 30 and OBH has given them until November 3 to complete their updated statement of work and final contract language. The contract once received will be expedited for execution in the timeliest manner possible. Once contracts are executed, the Regional Crisis Contractor may begin work and will invoice OBH on a monthly basis for the regional enhancements outlined in the contracts.

Monthly enhanced data that OBH will be collecting along with invoices include the following standard elements by region:

- Monthly report of unique individuals placed on a 72-hour hold by region;
- Monthly numbers of unique individuals with any first responder involvement in crisis response;

- Monthly numbers of unique individuals brought to walk-in centers by first responders; and
- Monthly numbers of unique individuals subsequently taken to an Emergency Department for treatment.

This first infusion of funds to improve the crisis system, which is more than \$3.4 million, supports the following regional enhancement plans available in their entirety on the CDHS website at <https://www.colorado.gov/pacific/cdhs/behavioral-health-provider-contracts>;

Figure 6. Overview of Regional Enhancements to the Crisis System through Senate Bill 17-207 Funding

Crisis Partner	Crisis Enhancement Overview
West Slope Casa	<ul style="list-style-type: none"> ○ Create a Walk-in Center with a Crisis Stabilization Unit in Montrose and Summit Counties ○ Expand Mobile Response in Archuleta, Dolores, La Plata, Montezuma and San Juan Counties ○ Facilitate alternative transport services in Moffat and Routt Counties
Southern Colorado Crisis Connection	<ul style="list-style-type: none"> ○ Create a Walk-in Center and Crisis Stabilization Unit in La Junta ○ Co-locate a four-bed Crisis Stabilization Unit with Walk-In Center on the same campus as a San Luis Valley Community Mental Health Center Withdrawal Management Facility in Alamosa
Northeast Behavioral Health	<ul style="list-style-type: none"> ○ Increase mobile staffing in Fort Morgan and Sterling <ul style="list-style-type: none"> ▪ Case Managers will be deployed to Centennial-region hospitals to provide support by monitoring individuals awaiting crisis services, assisting with placement, and performing other administrative tasks ▪ Mobile case manager at SummitStone will support mobile crisis teams by adding capacity to co-respond to calls where safety is a concern ▪ Mobile crisis staff will provide support in high-volume areas ○ Enhance security services to North Range Behavioral Health’s Acute Treatment Unit and SummitStone Health Partners’ Walk-In/Crisis Stabilization Unit with security staffing
Community Crisis Connection	<ul style="list-style-type: none"> ○ Increase respite beds in Boulder/Broomfield ○ Facility enhancements at Walk-in Center/Crisis Stabilization Unit in Adams County ○ Create co-location of Crisis Walk-in Center in Jefferson County <ul style="list-style-type: none"> ▪ Staff behavioral health clinicians to enable mobile co-response with law enforcement including outreach and resource efforts in Aurora City ▪ Enhance staffing to increase mobile staff responder with law enforcement in Arapahoe/Douglas Counties ▪ Fund alternative transportation for individuals from jail to home or clinic to support law enforcement

Law Enforcement Assisted Diversion (LEAD) and Co-Responder Models

The 2017 crisis expansions direct \$5.2 million to pair law enforcement officers with behavioral health providers to assist with individuals in behavioral health crisis and divert them into treatment, through the **Law Enforcement-Assisted Diversion (LEAD) and co-responder models**. Eligible applicants for this RFP are cities or county government agencies. Although cities and counties may select an agency to serve as a Project Manager in the implementation of the project, the offeror agency will retain the responsibility for the overall project administration including fiduciary oversight. Eligible offerors are limited to:

- Cities - Applications may be submitted by the City Council or the Administrative Office of the City (e.g., City Manager) or police department. In cases in which the City is the offeror, only one (1) proposal per city may be submitted. However, more than one (1) City within a County may submit an application.
- Counties - Applications may be submitted by the County Human Services Department, Public Health Department, District Attorney's Office, Sheriff's Department or County Commissioners. In cases where a County agency is the offeror, only one (1) proposal per County may be submitted.

LEAD is a pre-booking diversion program that aims to improve public health and to end the cycle of recidivism related to individuals with substance use and/or mental health disorders. Instead of being charged and booked following an arrest, the arresting officer identifies the arrestee as a potential participant for the diversion program and subsequently connects them with a case manager. This case manager then provides a holistic approach to connecting the individual with resources such as housing and substance use treatment services or enrolling the participant in vocational training courses. The main principle of LEAD is collaborative partnerships between local law enforcement, district attorney's offices, sheriffs, treatment providers and other community stakeholders. This partnership will be a requirement of all LEAD grants. OBH will receive \$2,300,000 annually for three years to contract for up to four pilot programs. These programs will be evaluated for effectiveness in order to request additional funding thereafter.

The Co-Responder model of criminal justice diversion consists of two-person teams comprised of a law enforcement officer and a behavioral health specialist to intervene on mental health-related police calls to de-escalate situations that have historically resulted in arrest and to assess whether the person should be referred for an immediate behavioral health assessment. OBH will receive \$2,900,000 annually and intends to contract up to eight programs for a five-year term.

The request for proposals was released September 23, 2017. OBH is currently responding to 51 questions submitted by inquiry date on October 12, 2017. All proposals are due by November 7, 2017.

First Responder Education and Curricula

As Colorado moves toward ending the use of jails as placement for individuals in a behavioral health crisis, this bill provides for continuing education for law enforcement, emergency medical technicians and other first responders to help prepare them for new rules and locally available resources. In the **first responder request for proposal**, bidders will be submitting plans to develop best-practice training for first responders who might determine to place a person in crisis on a mental health hold. Additionally, the bidder will be asked to identify and create a directory of crisis services and mental health hold facilities available throughout the State. The request for proposal clearly states that OBH must obtain competitive bid proposals from qualified contractors to develop a statewide training program that will allow consistency among first responders who interact with individuals in need of immediate behavioral health services. The training curricula will provide instruction and information to first responders to prevent the use of jails, lockup or other detention facilities when the person in crisis has committed no penal offense or crime, but is experiencing a mental health crisis. The curriculum should:

- Provide specific training for first responders to effectively assess and intervene in a behavioral health crisis situation. Training should inform of best practices and crisis de-escalation strategies;
- Educate first responders on Colorado laws, regulations, and the civil rights protections that are afforded to individuals and the legal requirements surrounding involuntary commitment and mental health holds;
- Educate first responders and professional persons on facilities and resources other than jails, lockups or detention centers that are available for the purposes of a mental health hold, including a concise and accurate compilation of currently available behavioral health resources and how they may be accessed. The training materials should also include a directory of all local/regional resources, including individual contact information for behavioral health resources; and,
- Build upon Crisis Intervention Training model.

The training curricula shall be disseminated to a minimum of 1,000 people identified as first responders or other mental health or law enforcement individuals who are likely to need such training. After the curricula is developed, funding shall cover developing/converting the

training for online access in the second year of the contract. The request for proposal was posted on October 19, 2017, and will close November 2, 2017. Awardees should be announced in December 2017.

Transportation Pilot Program

Recommendation 8 from the Mental Health Hold Task Force was to “Identify and Pilot Client Transportation Solutions that Reduce the Costs, Stigma and Trauma Associated with M-1 Transport.” Senate Bill 17-207 provides support for a **transportation pilot program**, which will address the statewide need for secure transportation for individuals placed on a 72-hour treatment and evaluation holds pursuant to Article 65 of Title 27. This two-year pilot provides funding for communities to train drivers to transport people in mental health crisis to a mental health center or designated facility, reducing the use of law enforcement and ambulances. A minimum of two pilot programs will be awarded and funds will be distributed among recipients. The RFP recipient must demonstrate how transportation needs will be met for their community and surrounding communities. OBH encourages rural areas, defined by the U.S. Census Bureau as cities and counties with less than 50,000 people, to apply for these funds. The request for proposal was released on August 29 and closed on September 29, 2017. The pilot awardees should be announced in November 2017.

Rule Promulgation for New Transportation Hold

Senate Bill 17-207 introduced new language intended to divert individuals with behavioral health disorders from entering the criminal justice system. This legislation included changes to Section 27-65-105, C.R.S., including the creation of a new involuntary transportation of immediate screening hold. This new involuntary transportation hold:

- Creates a new option for intervening professionals to transport an individual who appears in need of immediate evaluation for treatment to an appropriate facility;
- Ensures that civil liberties protections that currently exist in statute remain the same;
- Encourages first responders to transfer the decision to place a more restrictive M-1 hold to healthcare providers.
- Introduces a focus on community collaboration between systems to formalize how law enforcement, behavioral health providers, and other clinical settings collaborate in responding to crises.

The intent is to ensure individuals aren’t held unnecessarily and restore to liberty individuals who do not meet criteria for a hold, while also not mandating facilities to act outside their

capabilities. The evaluation for a hold would not require individuals to stay in the outpatient facility, or be detained elsewhere, unless the evaluation determined a need to initiate an M-1 hold.

The Office of Behavioral Health, in collaboration with the Mental Health Advisory Board for Service Standards and Regulations, created a rules draft on August 25, 2017, for how a 27-65 Designated Facility provides services when an individual arrives at their facility on the new involuntary transportation for immediate screening hold. The new rules will only affect designated facilities, but the rules will provide the outline for best-practice guidelines for relevant community partners. The Office of Behavioral Health will create and distribute these best-practice guidelines to inform individuals with lived experience, other facilities and intervening professionals on how the new hold procedure should be implemented.

The Office of Behavioral Health is required to provide public notice on proposed rules. Interested stakeholders provided feedback through October 2017 prior to the submission of the rules to the State Board of Human Services for review and adoption. OBH will submit a rule-making packet December 15 to the state board administrator, who will send the packet to the state Attorney General and place the packet on State Board of Human Services agenda for February 2018. OBH plans to present at State Board in February and March, with the rule going into effect May 1, 2018.

Timeline of Senate Bill 17-207 Activities, May 2017– November 2017

May 2017

- ❖ 18th, Gov. Hickenlooper signs Senate Bill 17-207
- ❖ Office of Behavioral Health (OBH) created and sent templates for regional enhancement plans to all crisis contractors

June 2017

- ❖ Crisis contractors engage with stakeholders and create regional-specific enhancement plans

July 2017

- ❖ 3rd, Crisis contractors submit their plans to OBH for review and approval

August 2017

- ❖ 18th, OBH mails out completed and approved contract amendments for signature
- ❖ CBHC intervenes on behalf of the crisis contractors and requests significant changes to the approved plans
- ❖ 25th, Transportation Hold Rules Draft available for public comment
- ❖ 28th, Posted Transportation Pilot RFP

September 2017

- ❖ 12th, OBH and CBHC agree upon conceptual changes to the amendments and to start conversation on licensing challenges
- ❖ 21st, LEAD and Co-Responder RFP posted
- ❖ 29th, Transportation Pilot RFP closed for bid

October 2017

- ❖ 12th, OBH mails out re-drafted contracts for signature from the crisis contractors
- ❖ 19th, First Responder Education Curricula RPF posted
- ❖ 30th, Rural enhancement contract with West Slope Casa executed
- ❖ 30th, Three of the four regional enhancement contracts executed, request received for more changes from fourth contract (SCCC)
- ❖ 31st, First round of feedback for Transportation Hold Rules closes

November 2017

- ❖ 2nd, First Responder Education Curricula RPF closes for bid
- ❖ 3rd, Southern Colorado Crisis Connection (fourth region) statement of work and updated contract language due to the Department
- ❖ 7th LEAD and Co-Responder RFP closes for bid

Next Steps

The Office of Behavioral Health is continuing to work with community providers, counties, consumers and advocates, state departments and internal leadership to determine ways to increase access to and use of crisis services and ensure that the crisis system is truly patient-centered.

Regional enhancements are underway, with implementation plans that outline activities for each region through April 2018. OBH will continuously monitor progress to each plan through monthly meetings and reporting. Contractors for the remaining Request for Proposals through the Senate Bill 17-207 funding will be selected by November and December of 2017 and executed contracts will be in place by March 2018.

Through June 30, 2018, OBH will continue to facilitate a series of stakeholder engagement meetings and information-gathering activities to create a set of recommendations. These recommendations will address community-based, patient-centered solutions to identified barriers and challenges including mobile service delivery, crisis facility licensure, partnership with law enforcement and coordination of services. Prioritized areas of work include:

- Standard coverage across regions
- Improved partnerships across community services
- Licensure challenges for co-located mental health and substance abuse services

These recommendations will be shared with the legislature upon completion in June 2018.