

Jail-based Behavioral Health Services (JBBS) Annual Report

State Fiscal Year 2019

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COLORADO

Office of Behavioral Health

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Acknowledgements

This report is the result of collaboration between the Criminal Justice program staff and Data and Evaluation staff within the Office of Behavioral Health (OBH).

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Executive Summary

JBBS Background

The Jail Based Behavioral Health Services (JBBS) Program annual report provides a review of the program’s fiscal information, goals, services, and outcomes for State Fiscal Year 2018-2019 (FY19), as well as an outline of future directions for the program.

The JBBS program was originally implemented in October 2011 to support county sheriffs in providing behavioral health treatment to individuals needing treatment in jail, and coordinating treatment to a community provider after release from jail. There are 54 county jails within the 64 counties of Colorado (8 counties do not have jails; 2 counties currently have inoperational jails). As of June 30, 2019, JBBS services are offered in 45 county jails (see map in Appendix E).

The Correctional Treatment Board oversees and allocates funds pursuant to C.R.S. 18-19-103. Of the \$5,297,610 allocation for the SUD portion of the program (\$4,642,326 directly allocated to jails), \$5,179,380 was expended in FY19. JBBS funding is derived from these funding streams:

1. The Correctional Treatment Cash Fund created by the passage of HB 10-1352 and was expanded in October 2012 through SB 12-163
2. SB 13-215 Recreational Marijuana Tax Revenue Funds
3. SB 18-250 Mental Health Expansion Funds

Services JBBS programs provide include screening, assessment and treatment for substance use disorders and co-occurring substance use and mental health disorders. In FY19 statewide, programs screened a total of 4,006 individuals for mental health disorders, substance use disorders, trauma, and traumatic brain injuries. Individuals who did not screen positive for mental health or substance use disorders or declined participation in the program were not admitted to the JBBS program. There were 2,864 individuals admitted to JBBS programs and 3,042 individuals discharged. Several factors could cause an increase in the number of discharges compared to admissions, but this disparity is likely explained by the closure of a large treatment provider during FY19. Clinicians and case managers provided screening, treatment groups, and approximately 18,312 hours of individual behavioral health and case management services in jails.

New JBBS services are expected in up to six more jails in State Fiscal Year 2020. In addition, funds have been allocated as part of SB 18-250 to address the gaps in services for mental health disorder screening, assessment, diagnosis and treatment, referred to as the “JBBS Mental Health Expansion.” Funding became available in January 2019 to non-urban (rural and frontier) county jails to support psychiatric provider staffing and purchase of medications. Of

the \$2,426,667 available for the partial year of Mental Health Expansion funding, \$849,763 was requested from jails and only \$506,705 was expended due to the limited timeframe for executing contracts and hiring staff for newly created positions. Several jails were identified for Mental Health Expansion; service information for those that began providing expanded services during FY19 is included in the current report.

Key Takeaways

Program outcomes currently focus on successful discharge from the JBBS program and tracking an individual's treatment status in the community after release.

- 86% of discharges were successful, which means that the client was following their treatment plan at the time of discharge
- 69% of JBBS participants were reported to be engaged in treatment in the community one month after discharge
- 63% of JBBS participants were reported to be treatment compliant in the community two months after discharge

Introduction

The Jail-Based Behavioral Health Services (JBBS) program funds provision of evidence-based behavioral health stabilization, intervention and treatment within county jails in the state of Colorado and continuity of care extending into the community.

The JBBS program was originally implemented in October 2011 to support county sheriffs in providing screening, assessment and treatment for substance use disorders and co-occurring substance use and mental health disorders to people who need such services while they are in jail. The program is funded by two funding streams:

1. The Correctional Treatment Cash Fund created by the passage of HB 10-1352 and was expanded in October 2012 through SB 12-163
2. SB 13-215 Recreational Marijuana Tax Revenue Funds
3. SB 18-250 Mental Health Expansion Funds

OBH contracts with sheriff departments (either individually, or as a multiple-county partnership) who contract with licensed community providers. In accordance with legislation, all funds are used to screen and treat adults (18 years of age and older) with substance use disorders or co-occurring substance use and mental health disorders. JBBS clinicians and case managers provide screenings, assessment and treatment in the jail, as well as transitional care to ensure seamless re-entry into treatment services in the community.

Because substance use disorders are determined to be a criminogenic risk factor and behavioral health issues may impact an individual's ability to respond to interventions, the JBBS program seeks to provide quality behavioral health services within jail and a focus on continuity of care into the community when the individual is released from jail. The goals of the JBBS program are as follows:

Figure 1. JBBS Program Goals

PROGRAM GOALS
• Provide appropriate behavioral health services to inmates
• Support continuity of care within the community after release from incarceration
• Better identification and treatment of behavioral health needs during incarceration, leading to shorter jail sentences and decreased recidivism for JBBS participants

The current FY19 report outlines the operation of JBBS programs statewide, including contracts, screening, admission, treatment services, discharge, and transition into behavioral health services in the community.

Program Operations

CONTRACTS

JBBS services are provided through contracts between OBH and county sheriff departments across the state. Sheriff departments utilize subcontractors - including but not limited to State-funded Community Mental Health Centers - to provide behavioral health services. As of July 1, 2019, JBBS programs are in 45 county jails. Each fiscal year, OBH renews annual JBBS contracts with county sheriff departments. Expansion of JBBS services in up to six jails is expected in fiscal year 2020. For details on sheriff office partnerships with local behavioral health providers and a list of which jails have expanded their program to include additional mental health treatment, see Appendix D.

INTAKE PROCESS

SCREENING AND ADMISSION

All JBBS programs are required to screen for presence of substance use disorder (SUD), mental health disorder (MH), traumatic brain injury (TBI) and trauma. Clients who screen positive for a behavioral health disorder are eligible for the JBBS program. Trauma and TBI screening provides clinicians with valuable information to tailor treatment to the individual. After an individual is admitted to the JBBS program, clinicians and case managers complete a clinical assessment to determine diagnosis, treatment needs and appropriate services.

Contractually, JBBS programs are required to utilize *one* of the screening tools for each screening category (SUD, MH, TBI, and Trauma) listed in Table 2 below. This requirement was implemented to allow jails to identify their preferred screening tools while ensuring consistency in program eligibility criteria across the state. Beginning January 1, 2019, jails that received mental health expansion funds were specifically required to complete the Brief Jail Mental Health Screening, Simple Screening Instrument - Revised and the Columbia Suicide Severity Rating Scale.

Figure 2. JBBS Program Screening Tool Options

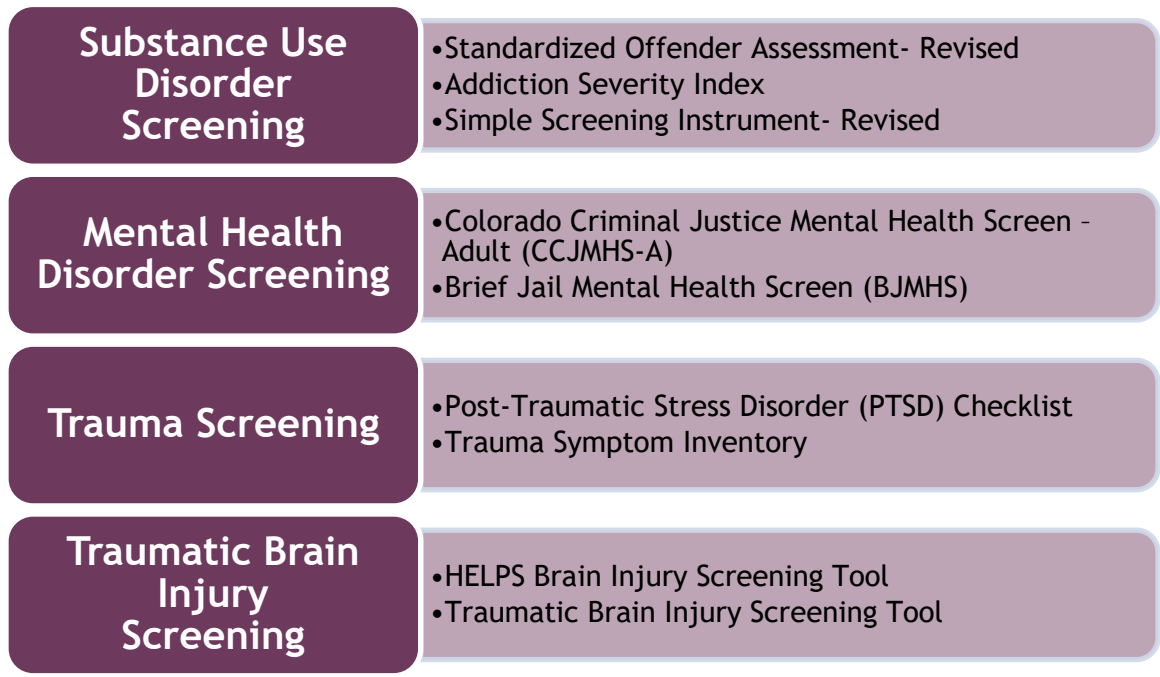


Figure 3. FY19 Number of Completed Positive and Total Screens

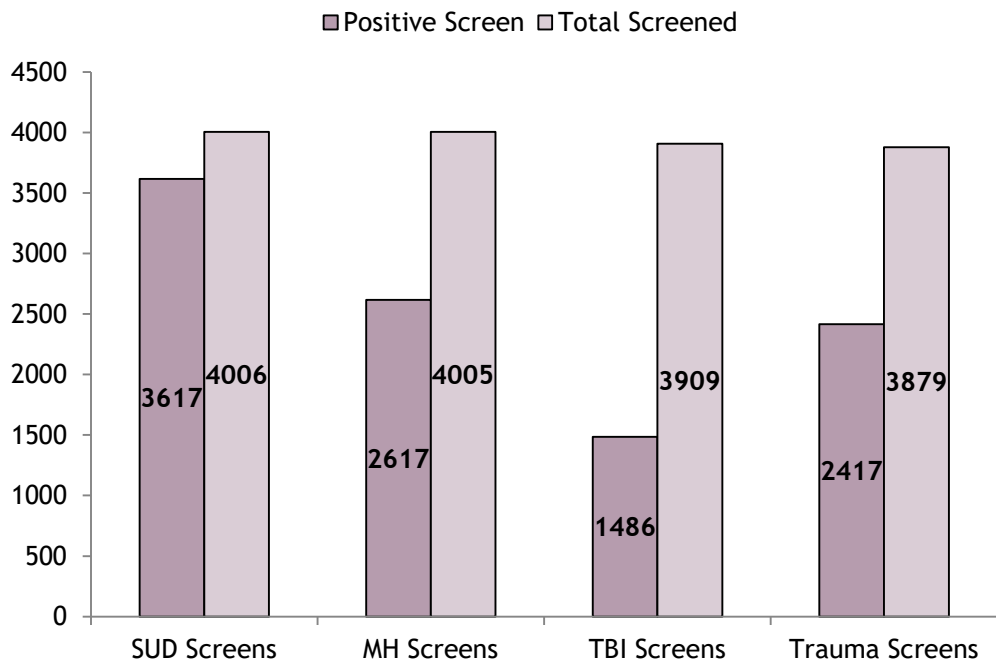
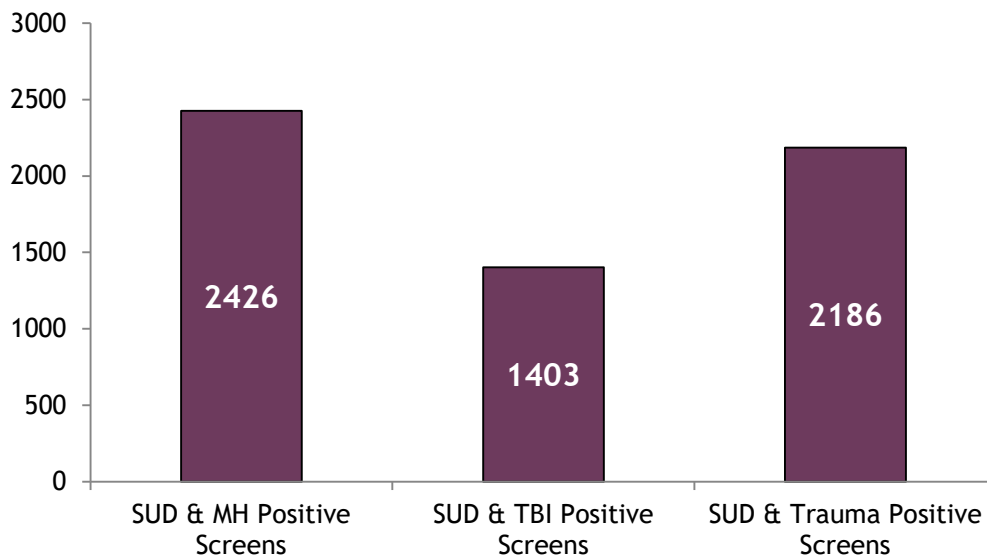


Figure 3 above shows the statewide total number of positive screens out of the total number of screens completed for SUD, MH, trauma, and TBI. Because an inmate could be screened for all four categories, they may be represented multiple times in the figure above. An inmate may also decline one or all screenings, which likely accounts for the difference in total screens across categories. No significant change in percent of positive screens was observed between FY18 and FY19. Figure 4 below shows the comorbidity of positive screens of SUD with other screening types.

Figure 4. FY19 Number of Positive Screens Comorbid with Positive SUD Screen



JBBS ADMISSION CRITERIA BY CONTRACT

Each JBBS program has selection and screening criteria and processes based on facility need and size. Some programs are able to screen all inmates who are booked into the county jail. Other programs screen based on an inmate’s history or treatment need identified by jail staff. As a result of these differing methods, the number of individuals admitted after screening will vary between programs. The results presented in this report should not be viewed as an indication of the actual number of offenders with mental health issues, substance use disorders, trauma or traumatic brain injuries in the jails across the state. Table 3 below shows facility admission criteria in addition to the minimum criteria required by OBH (facilities not listed below require only the minimum criteria).

The Mental Health Expansion funding requires all programs receiving funding to screen all individuals booked into jail to address gaps in services for mental health disorder assessment, diagnosis and treatment. In accordance with the legislation, all funds provide behavioral health services for adults (18 years of age and older) with mental health disorders or co-occurring substance use and mental health disorders.

Minimum JBBS Admission Criteria:

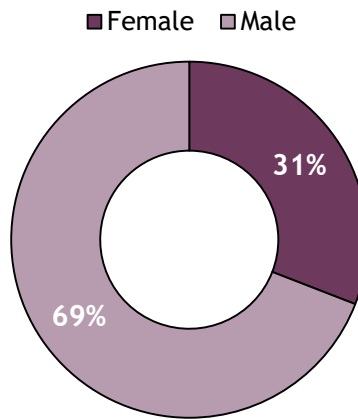
- Presence of substance use disorder or co-occurring substance use disorder and mental health disorder
- Age 18 or older
- Voluntary engagement in programming

CLIENT DEMOGRAPHICS

ADMITTED INDIVIDUALS

Demographic information, by individual report, is collected at admission. This reporting is optional. Missing information is represented as “Unknown” in the current report. Gender demographics are shown in Figure 5 below; ethnicity demographics are shown in Figure 6. For a comparison of admission and discharge totals by fiscal year, see Appendix A.

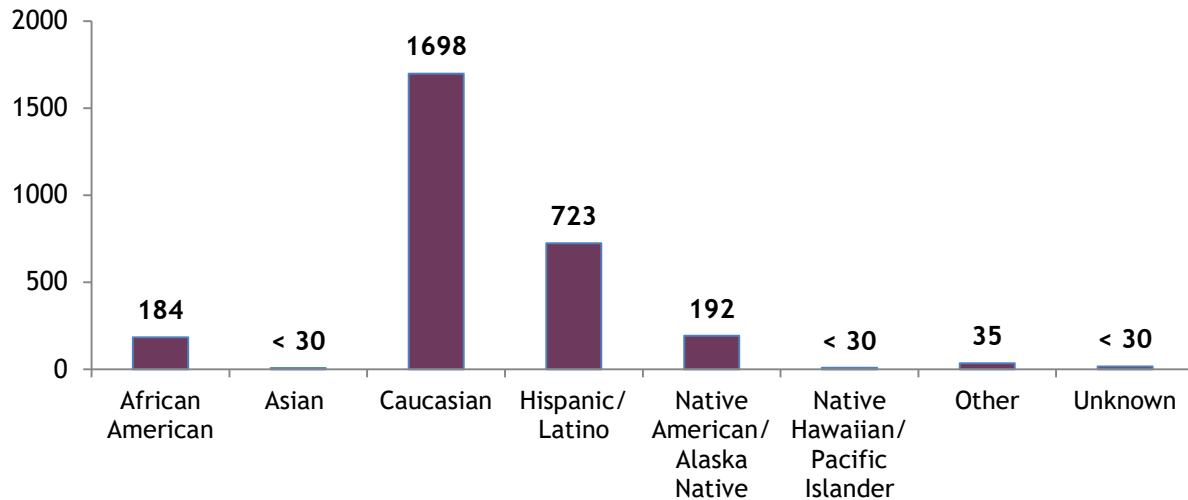
Figure 5. FY19 Males and Females Admitted into JBBS Programs



In FY19, 885 females and 1,979 males were admitted in JBBS programs across the state for a total of 2,937 admissions (73 admissions represent individuals who were admitted more than one time). This is a 14% decrease from the 3,396 admissions to JBBS programs in FY18. As mentioned above, this decrease in admissions may be partly due to the closure of a large treatment provider, as well as legislative changes¹ related to bond types for some offenses.

¹ Colorado House Bill 19-1225

Figure 6. FY19 Reported Ethnicity of Individuals Admitted into JBBS Programs Statewide



SERVICES PROVIDED

OVERVIEW OF SERVICES

Individuals may receive individual or group treatment focusing on substance use disorders, mental health disorders, co-occurring disorders, trauma, and psychoeducation. Case management services include assistance or referrals for benefit acquisition, housing, vocational needs, employment acquisition, meeting legal obligations and transportation.

Individual Treatment

During FY19, 17,763 individual treatment services were provided to 3,219 individuals across all JBBS programs. This includes individual treatment sessions provided directly by jail based clinicians as well as internally referred services (e.g. medication management with the jail medical team).

Case Management

During FY19, 18,929 case management services were provided to 2,396 individuals across all JBBS programs. This includes services that were provided directly by jail-based clinicians, as well as referred services in the community.

Treatment Groups

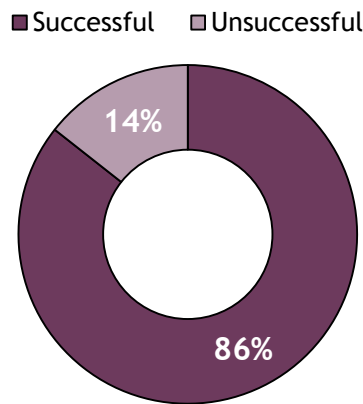
In JBBS programs statewide, 197 treatment groups were running during FY19. Because group composition depends on the specific needs of the population of the jail at a given time, this number may not represent the full amount of groups offered.

DISCHARGES

SUCCESSFUL AND UNSUCCESSFUL DISCHARGES

A successful discharge is defined as one in which the client completes the program according to the treatment plan or is transferred or released from jail while they are fully compliant with treatment requirements. An unsuccessful discharge is defined as a discharge for non-compliance, disengagement from treatment, or disciplinary sanctions within the jail. During FY19, there were 2,624 successful discharges and 441 unsuccessful discharges (see Figure 7 below). The overall number of discharges (n = 3,065) is expected to be higher than the number of individuals discharged (n = 3,042) due to some individuals having multiple episodes of JBBS treatment during the reporting period.

Figure 7. FY19 Discharges: Successful and Unsuccessful



RECOVERY SUPPORT SERVICES

In order to address immediate needs and supply basic necessities for individuals leaving jail, all programs are able to utilize specific funds to assist clients with a variety of services that support recovery. These services include transportation options (e.g. bus tokens or taxi cab vouchers), funding to pay for obtaining identification, basic hygiene items, medication, food, and emergency housing. To be eligible for these funds, clients must be successfully discharged from the JBBS program and transitioned to community based treatment services as recommended at discharge from the jail. A list of allowable Recovery Support Services can be found under Appendix B.

Program Outcomes

TRANSITION TRACKING

Programs are required to follow-up with all clients who are successfully discharged from the program and released to the community at 1, 2, 6 and 12 months after release. Clinicians are

required to either call the client or track treatment engagement at the community-based treatment provider to which the client was referred.

The following outcomes are tracked for transition tracking:

1. In Treatment: Client engaged in community-based treatment services as recommended at discharge
2. Not In Treatment: Client not engaged in treatment services as recommended at discharge
3. Treatment Completed: Client has completed treatment recommended at discharge
4. New Crime/Regressed: Client returned to jail for violations or committed a new crime
5. Status Unknown: Client cannot be reached or tracked after multiple contact attempts
6. Deceased: Client is deceased
7. Not Applicable: Client sentenced to Dept. of Corrections or not tracked due to previous tracking of “New Crime/Regressed,” “Treatment Completed,” or “Deceased”

Performance Incentive

Based on the transition tracking timeframes above, JBBS programs are incentivized to raise the percentage of individuals engaged in community-based treatment 30 days after release. Of the six possible outcomes for tracking, “In Treatment,” “Treatment Completed,” and “Not Applicable” are considered to reflect successful continuation of care into the community. Ten percent of each program’s budget is initially withheld; when the jails within a given contract maintain 55% engagement at one month, the withheld 10% of the contract is awarded to the program(s) at the end of the fiscal year.

Transition tracking data demonstrates which programs show consistency in follow-up with clients upon release. In FY19, 69% of clients (1,771 of 2,551) were engaged in treatment services as recommended in their transition plan 30 days after release. Table 1 below shows statewide tracking outcomes. See Appendix C for a breakdown of month one transition tracking outcomes by program.

Table 1. FY19 Statewide Transition Tracking: One Month after Discharge

Treatment Status (One Month after Discharge)	Number of Individuals	Percentage of Individuals
In Treatment	1,252	49.08%
Treatment Completed	46	1.8%
Not Applicable ²	473	18.54%
New Crime/ Regressed	82	3.21%
Not in Treatment	311	12.19%
Status Unknown (Unable to contact)	926	15.13%
Deceased	1	0.04%
Total Individuals Tracked	2,551	100%

The percentages of individuals in each transition status category did not significantly increase or decrease from FY18 to FY19. Though the numbers above seem to have decreased from the previous year, this is due to a change in inclusion criteria during data analysis and does not represent a true decrease of clients tracked. The total number of individuals tracked in this table represents those who were discharged between 6/1/18 and 5/30/19.

Two, Six, and Twelve Month Tracking

After two months the percent of clients engaged in community-based treatment services was 63% (1,622 of 2,568³). At the six month follow-up, 55% (1,464 of 2,647) of clients tracked were engaged in or had completed treatment services. At 12 months, 50% (1,312 of 2,642 clients) were engaged in or had completed services.

Future Directions

MEDICATION CONSISTENCY PROGRAM

In 2017, the Colorado General Assembly passed Senate Bill (SB) 17-019 to improve access to effective medications for people who transfer in and out of criminal justice and mental health facilities, including jails and prisons. By having continuous access to the same set of effective medications, including psychotropic medications, individuals are more likely to

² This represents individuals who were engaged in the JBBS program at the time of discharge, but were transferred to the Department of Corrections or Community Corrections to complete sentencing or other court-ordered requirements.

³ Each time frame (1, 2, 6, 12 months) is a snapshot containing a segment of discharged individuals. Because tracking dates are based on date of discharge from the JBBS program, the total number of individuals tracked at each time interval fluctuates; each segment of discharged individuals is slightly different because of the differing discharge dates.

maintain mental wellness and be successful transitioning between the criminal justice system and mental health service providers in the community. The State is working to strengthen medication consistency across settings through the following efforts:

- Piloting health information exchange systems in jails to facilitate data sharing so that caregivers are able to access their patients' critical health information
- Establishing an agreed upon medication formulary in accordance with SB 17-019
- Decreasing overall cost of treatment through cooperative purchasing agreements

OPIOID ADDICTION SPECIALTY SERVICES

Due to the heroin and opioid use prevalence in Colorado and across the country, and the high number of drug overdose deaths upon release from incarceration, OBH has encouraged jails to make evidence-based Medication Assisted Treatment (MAT) available to opioid using individuals. JBBS contracts offer guidance for sheriff departments on policies to consider implementing in response to the current prevalence of opioid use.

In FY16, OBH funded 4 pilot projects to distribute Narcan nasal kits (an FDA approved opioid overdose reversal medication) at jails in the metro area. OBH partnered with Harm Reduction Action Center to train medical staff at jails to identify individuals who may be at high risk of heroin overdose post release. Due to the success in the implementation of the pilots, FY17 contracts provided funding to allow all JBBS programs to purchase Narcan nasal kits. These kits may be distributed to any individuals deemed to be at high risk for opioid overdose upon discharge from jail. In a continued effort to confront the opioid epidemic, FY18 contracts expanded the requirements surrounding the funding initially allocated for Narcan kits; jails are now able to use this funding to purchase all FDA approved medications for opioid specific MAT. This allows JBBS programs to provide multiple medications to opioid using individuals at discharge (in addition to Narcan) to support their continued recovery.

PROGRAM EVALUATION COMPLETED

In FY16, OBH received funding from the Correctional Treatment Board to contract with an independent consultant, Health Management Associates, to evaluate the JBBS program. The evaluation, now complete, focused on program improvement, best practices, data collection, program expansion, standardizing of program elements across sites, screening protocols, resource needs, behavioral health outcomes, and recidivism. The final report of this evaluation is titled "Initial Evaluation of Colorado Jail Based Behavioral Health Services" and is available on the OBH website: www.colorado.gov/cdhs/jail-based-behavioral-health-services under the heading "Substance Use Disorder Program." Additional evaluation efforts with local partners are currently in the planning phase and will be described in future annual reports.

APPENDIX A

Figure 8. Admissions and Discharges since Program Inception
FY12 - FY19

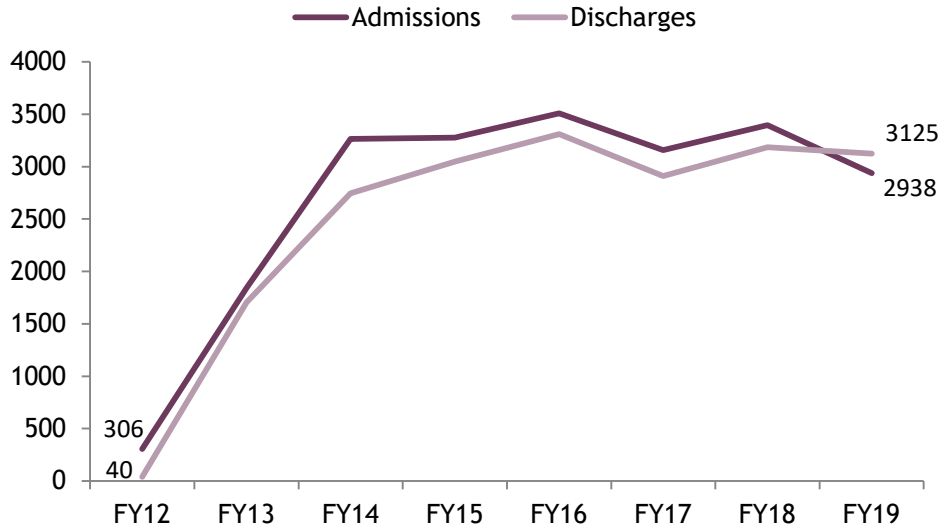
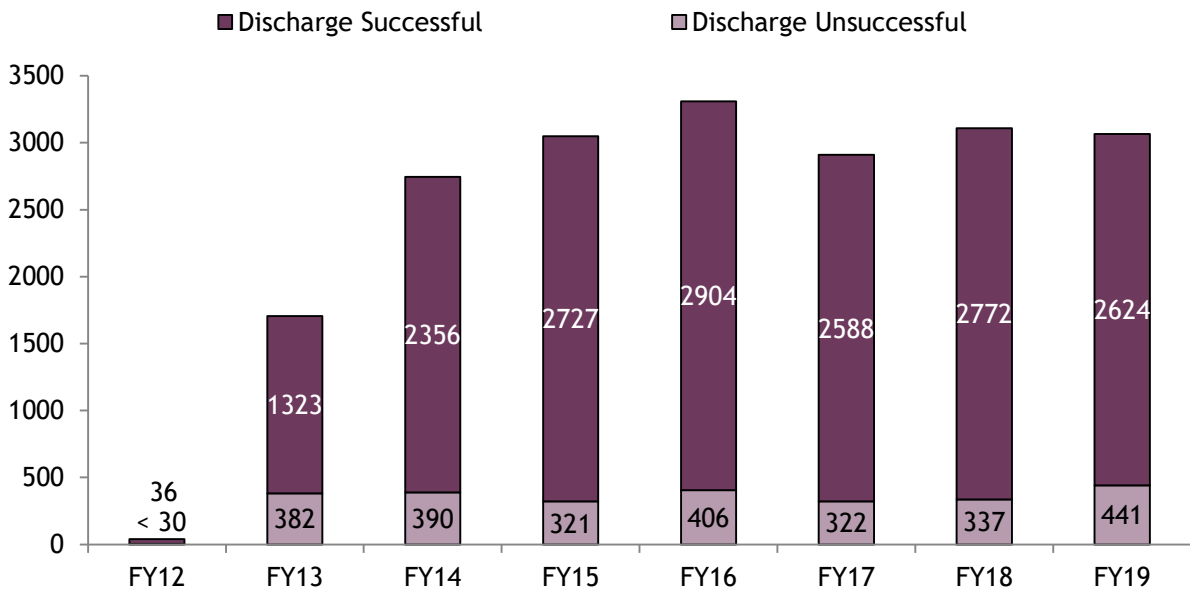


Figure 9. Successful and Unsuccessful Discharges
FY12 - FY19



Note: The figures above show total numbers of *admissions* and *discharges*. These totals differ from total numbers of *individuals* admitted and discharged because an individual may be admitted and discharged multiple times during the same reporting period.

APPENDIX B

Table 2. FY19 Approved Recovery Support Services

Services	Limitations
Emergency Housing	30 days limit per person
Medications	30 days limit per person
Application Fees ID/Birth Certificates	One time per client
Bus Pass - Daily, Monthly	One time per client, 15 rides for daily passes
Taxi	Only if no public transportation available in area
Basic Hygiene Items	Limit of \$15 per person
Phone Cards	Limit of \$15 per person
GED program/testing	
Job placement training	
Life skills training	
Printed brochures to referral sources	
Medical assistance - copays/ infectious disease testing	Limit of \$100 per person
Gas vouchers	Limit of \$30 per person
Clothing vouchers	Limit of \$100 per person
Personal hygiene care	Limit of \$20 per person
UA/Bas	Limit of \$100 per person
Transportation to residential treatment	Limit of \$1200 per contract
Food Assistance	
Backpacks	
Educational costs (books, supplies and fees)	
Utilities	1 month limit per client
Child care	1 month limit per client

APPENDIX C

FY19 Transition Tracking Data

The number of clients tracked within performance incentive eligible categories (“In Treatment,” “Treatment Completed,” and “Not Applicable”) at one month post-discharge from the JBBS program are presented below for each county, along with the total number of clients tracked.

Table 3. FY19 Performance Incentive Eligibility by County

County Catchments	Eligible Clients	Total Clients	Eligible %
Adams	74	118	62.71%
Alamosa/Conejos	33	48	68.75%
Arapahoe	58	68	85.29%
Boulder	76	99	76.77%
Clear Creek	37	48	77.08%
Delta *	140	182	76.92%
Denver	200	347	57.64%
Douglas	76	111	68.47%
El Paso	76	132	57.58%
Garfield *	198	301	65.78%
Jefferson	83	113	73.45%
La Plata*	252	304	82.89%
Larimer	179	227	78.85%
Logan *	110	236	46.61%
Otero *	< 30	< 30	76.00%
Pueblo	96	112	85.71%
Weld	64	80	80.00%
Statewide Total	1771	2551	69.42%

* Sum of counties in contract catchment

APPENDIX D

Table 4. JBBS County Catchments, Provider Partnerships, and Budget Amounts

County	Treatment Provider	Budget Amount Allocated
Adams	Community Reach Center	\$232,714
Alamosa (partnering with Conejos)	San Luis Valley Behavioral Health	\$110,609
Arapahoe	Aurora Mental Health Center	\$322,610
Boulder	Behavioral Treatment Services; Mental Health Partners	\$300,939
Clear Creek	Jefferson Center for Mental Health	\$101,392
Delta (partnering with Ouray, Gunnison, Hinsdale, Montrose and San Miguel)	The Center for Mental Health	\$260,077
Denver	GEO Reentry Services; Mile High Behavioral Health; Empowerment	\$257,849
Douglas	AllHealth Network	\$124,435
El Paso	El Paso County Jail	\$305,031
Garfield (partnering with Eagle, Grand, Mesa, Moffat, Pitkin, and Summit counties)	Mind Springs Health	\$404,697
Jefferson	Jefferson Center for Mental Health; Behavioral Treatment Services	\$370,540
La Plata (partnering with Archuleta and Montezuma)	Axis Health Systems	\$331,828
Larimer	Summitstone Health Partners	\$250,783
Logan (partnering with Cheyenne, Elbert, Kit Carson, Lincoln, Morgan, Phillips, Washington and	Centennial Mental Health Center	\$466,141

Yuma)		
Otero (partnering with Baca, Bent, Crowley Kiowa and Prowers counties)	Southeast Health Group	\$277,245
Pueblo	Health Solutions; Southern Colorado Court Services	\$220,349
Weld	Behavioral Treatment Services; North Range Behavioral Health	\$305,087

Table 5. Additional Mental Health Expansion Funds
(awarded for partial year: 1/1/19 - 6/30/19)

County	Treatment Provider	Budget Amount Allocated
Alamosa (partnering with Conejos)	San Luis Valley Behavioral Health Group	\$71,468
Clear Creek	Jefferson Center for Mental Health	\$51,209
La Plata (partnering with Archuleta and Montezuma)	Axis Health Systems	\$130,868
Moffat	Mindsprings Health, Memorial Hospital	\$34,408
Routt	Mindsprings Health, UC Health, Correctional Care Solutions, Mountain Medical (MAT)	\$24,397
Summit	Jail-based staff	\$30,012
Logan (partnering with Cheyenne, Elbert, Kit Carson, Lincoln, Morgan, Phillips, Washington and Yuma)	Centennial Mental Health Center	\$314,655
Montrose (partnering with Delta, Ouray, Gunnison, Hinsdale, and San Miguel)	Center for Mental Health, Correctional Health Partners	\$165,306
Garfield	Correctional Health Partners	\$27,440

APPENDIX E

Figure 10. FY19 Map of JBBS Programs

