



In 2006, Colorado received a U grade for “unresponsive” because the Division of Mental Health (DMH) did not assign staff to complete the survey. Three years later, transparency has returned, and the state’s mental health care system receives a C grade. It is a baseline to measure future progress.

Colorado has established an ambitious vision for integrated behavioral health services, as outlined in the 2008 report of the legislatively created Behavioral Health Task Force (the “1050 Task Force”). First Lady Jeannie Ritter is also a champion of mental health issues.

DMH provides mental health services through contracts with 17 community mental health centers and a handful of specialty clinics. The Office of Behavioral Health and Housing oversees the state’s two mental health institutes and its supportive housing and homeless programs. The Department of Health Care Policy and Financing (DHCPF) administers Medicaid-funded mental health services.

A key theme of the “1050 Task Force” recommendations is integration and coordination of services to reflect that mental illness, substance use, and other disorders are often co-occurring. The shift in emphasis is significant—particularly since it was not until 2006 that the state’s Medicaid program provided an outpatient substance use treatment benefit. The state also expanded its parity law in 2007 to include substance use disorders and additional mental health disorders, including post-traumatic stress disorder (PTSD).

Colorado still lacks a process to permit enrollment of eligible persons with severe mental illness in the state’s Medicaid program before a formal federal disability determination has been made. In 2008, however, the legislature passed a law to suspend, rather than terminate, Medicaid benefits for people sentenced to jail or prison—along with other measures to connect individuals with mental illness in the criminal justice system with public benefits.

Denver’s Metro Crisis Triage Project also represents an effort to connect people with the correct crisis stabilization services rather than have them fall into the crim-

Innovations

- “Data dashboard” initiative
- Connection to benefits legislation
- Expansion of parity legislation

Urgent Needs

- Crisis services
- Alternatives to incarceration
- Interagency health information systems
- Non-Medicaid mental health services

Consumer and Family Comments

- *“The people working at the county mental health center really care and do their best for each patient even when they are severely overloaded.”*
- *“There is little care available if you have no insurance or Medicaid. Also, most people do not have a clue how to navigate the system . . . ”*
- *“The inclusion of peer support specialists is the best thing that has ever happened in public mental health.”*

inal justice system. The project holds promise for the metropolitan area, but underscores the state’s lack of adequate crisis stabilization services, particularly in rural areas. Needs also extend beyond crisis services. Many communities struggle to provide evidence-based practices (EBPs) and supportive housing programs. For persons without Medicaid, access to mental health services is extremely limited. This leads to increased stress on other systems, such as jails and emergency rooms. While Colorado has successfully implemented police Crisis Intervention Team (CIT) training, it has only two operational mental health courts.

In addition, the state lacks uniform data collection for programs and monitoring of fidelity to EBPs. Fortunately, the Colorado Behavioral Healthcare Council has piloted a “data dashboard,” and the state is beginning to assess program fidelity.

Colorado has a vision, but the state will need to invest the funds necessary to make “1050 Task Force” recommendations a reality.

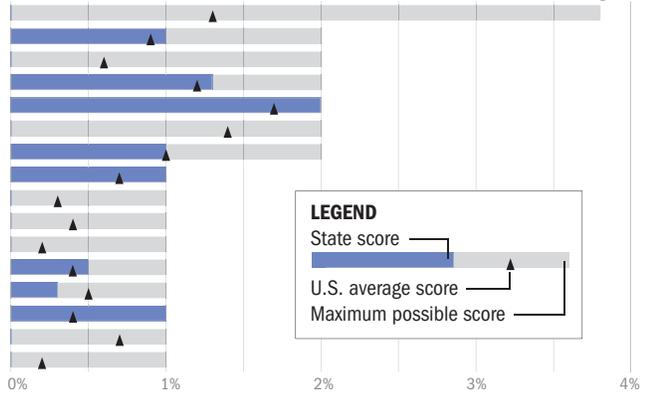
NAMI Score Card: COLORADO

Grade: C

Category I: Health Promotion & Measurement

- Workforce Development Plan
- State Mental Health Insurance Parity Law
- Mental Health Coverage in Programs for Uninsured
- Quality of Evidence-Based Practices Data
- Quality of Race/Ethnicity Data
- Have Data on Psychiatric Beds by Setting
- Integrate Mental and Primary Health Care
- Joint Commission Hospital Accreditation
- Have Data on ER Wait-times for Admission
- Reductions in Use of Seclusion & Restraint
- Public Reporting of Seclusion & Restraint Data
- Wellness Promotion/Mortality Reduction Plan
- State Studies Cause of Death
- Performance Measure for Suicide Prevention
- Smoking Cessation Programs
- Workforce Development Plan - Diversity Components

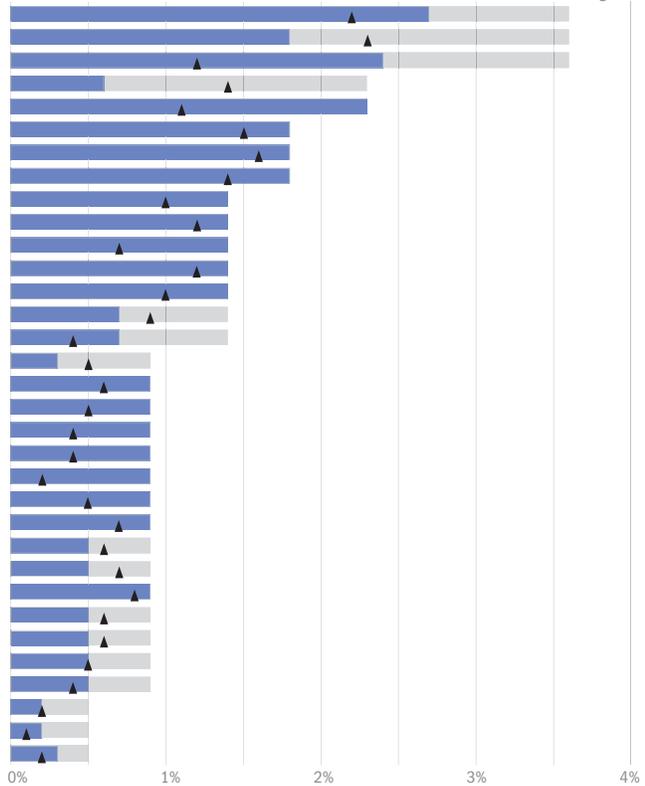
Grade: F



Category II: Financing & Core Treatment/Recovery Services

- Workforce Availability
- Inpatient Psychiatric Bed Capacity
- Cultural Competence - Overall Score
- Share of Adults with Serious Mental Illness Served
- Assertive Community Treatment (ACT) - per capita
- ACT (Medicaid pays part/all)
- Targeted Case Management (Medicaid pays)
- Medicaid Outpatient Co-pays
- Mobile Crisis Services (Medicaid pays)
- Transportation (Medicaid pays)
- Peer Specialist (Medicaid pays)
- State Pays for Benzodiazepines
- No Cap on Monthly Medicaid Prescriptions
- ACT (availability)
- Certified Clubhouse (availability)
- State Supports Co-occurring Disorders Treatment
- Illness Self Management & Recovery (Medicaid pays)
- Family Psychoeducation (Medicaid pays)
- Supported Housing (Medicaid pays part)
- Supported Employment (Medicaid pays part)
- Supported Education (Medicaid pays part)
- Language Interpretation/Translation (Medicaid pays)
- Telemedicine (Medicaid pays)
- Access to Antipsychotic Medications
- Clinically-Informed Prescriber Feedback System
- Same-Day Billing for Mental Health & Primary Care
- Supported Employment (availability)
- Integrated Dual Diagnosis Treatment (availability)
- Permanent Supported Housing (availability)
- Housing First (availability)
- Illness Self Management & Recovery (availability)
- Family Psychoeducation (availability)
- Services for National Guard Members/Families

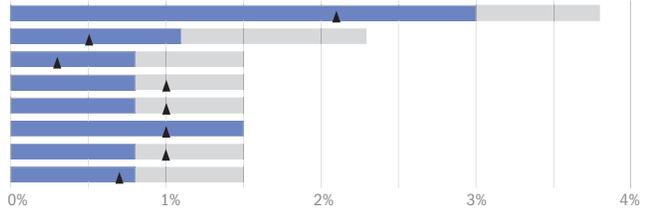
Grade: B



Category III: Consumer & Family Empowerment

- Consumer & Family Test Drive (CFTD)
- Consumer & Family Monitoring Teams
- Consumer/Family on State Pharmacy (P&T) Committee
- Consumer-Run Programs (availability)
- Promote Peer-Run Services
- State Supports Family Education Programs
- State Supports Peer Education Programs
- State Supports Provider Education Programs

Grade: C



Category IV: Community Integration & Social Inclusion

- Housing - Overall Score
- Suspend/Restore Medicaid Post-Incarceration
- Jail Diversion Programs (availability)
- Reentry Programs (availability)
- Mental Illness Public Education Efforts
- State Supports Police Crisis Intervention Teams (CIT)
- Mental Health Courts - Overall Score
- Mental Health Courts - per capita

Grade: D

