Introduction to Colorado's Behavioral Health System

Dr. Patrick Fox, Chief Medical Officer, Colorado Department of Human Services

Frank Cornelia, Director of Government & Community Relations, Colorado Behavioral Healthcare Council

Overview of the Colorado Office of Behavioral Health & the State Behavioral Health System

Colorado Government Organizational Structure

Governor John Hickenlooper

Dept of Healthcare Policy and Financing

Executive Director Sue Birch

Department of Human Services

Executive Director Reggie Bicha

Department of Public Health and Environment

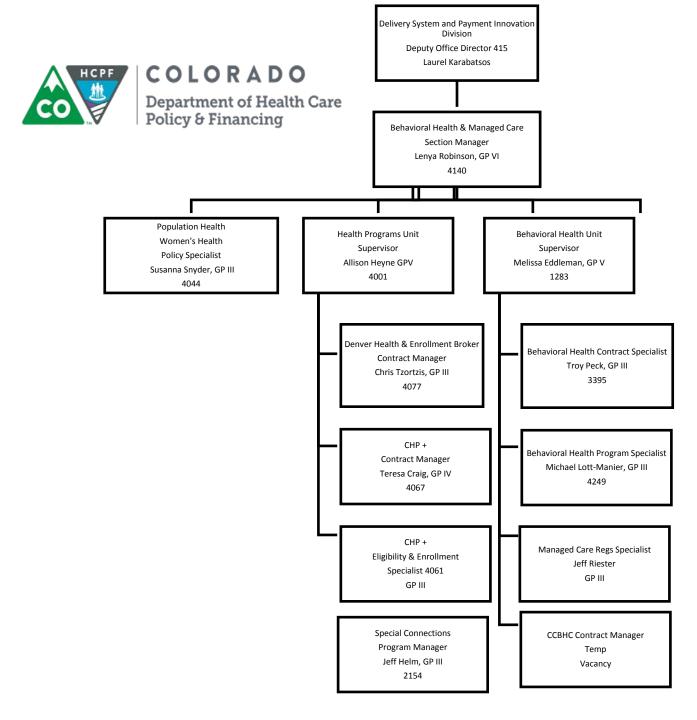
Executive Director Larry Wolk

Primary oversight of Medicaid-funded services and health care purchasing as the designated state Medicaid authority. Behavioral health services include both mental health and substance use disorder services. Most behavioral health services are provided to Medicaid-eligible clients through statewide managed care through the Medicaid 1915(b) Waiver or "capitated" program.

Public health agency has primary regulatory oversight of and licensing authority over health facilities and the provision of agency licenses: hospitals, community mental health centers and community mental health clinics, nursing homes, and school-based health clinics.



- Colorado Medicaid
- Colorado Choice Transitions (CCT)
- Community Mental Health Supports Waiver (CMHS)
- Home and Community-Based Services Children's Extensive Support Waiver (HCBS-CES)
- Home and Community-Based Services For Persons With Brain Injury Waiver (HCBS-BI)
- Special Connections



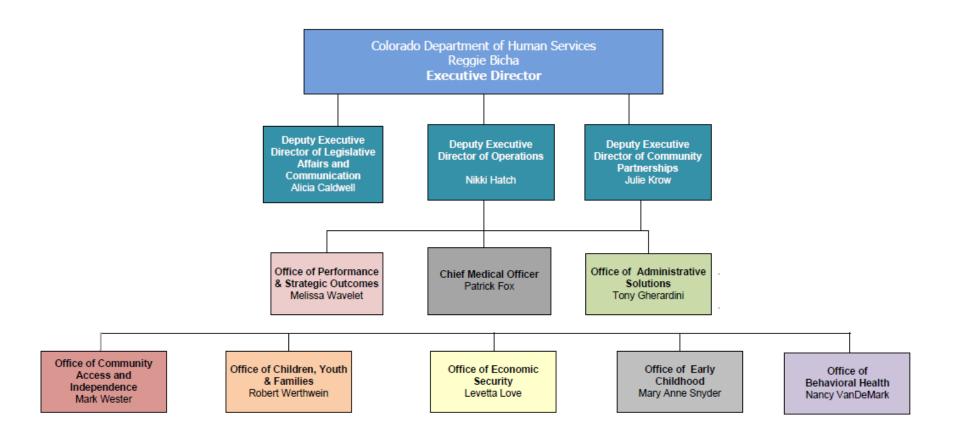


- Licensing
- Disaster Behavioral Health
- Loan Repayment
- Winnable Battles

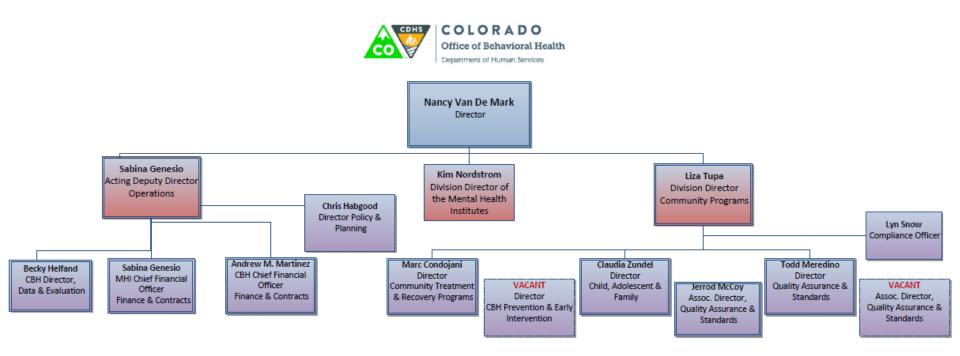


- Division of Professions and Occupations
 - Professional Boards
- Office of Policy, Research and Regulatory Reform
- Division of Insurance

CDHS Organizational Structure



Office of Behavioral Health Organizational Structure



Office of Behavioral Health

Vision

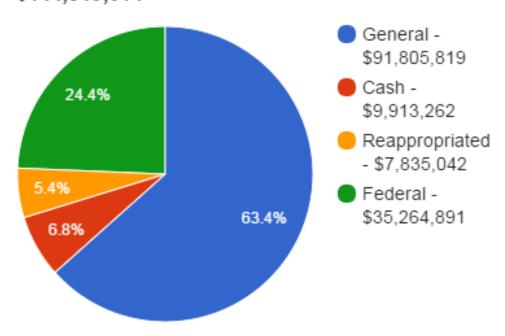
Transforming and Strengthening Behavioral Health for Coloradans as a leader in behavioral health prevention, early intervention, treatment and recovery.

Mission and Goals

We are dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, intervention, treatment and recovery.

Community Behavioral Health Services

OBH FY 2015-16 Appropriated Fund Total: \$144,819,014



Federal Fiscal Year Award
MH Block Grant \$6,900,325
SA Block Grant \$25,467,833

Community Behavioral Health Services

Overview

- Employs 59.2 FTE (Long Bill appropriated)
 - Staff work primarily within seven program/activity areas:
 - Prevention and Early Intervention Programs
 - Treatment and Recovery Programs
 - Quality Assurance and Standards
 - Crisis Services
 - Child, Adolescent and Family Services
 - Data and Evaluation
 - Business & Support Services

Community Behavioral Health Services

In accordance with Colorado statute, oversees community behavioral health providers of services, including:

- 17 community mental health centers.
- 14 community mental health clinics or psychiatric specialty clinics. (Clinics serve special populations such as members of racial, ethnic or linguistic minority groups.)
- 48 designated facilities (involuntary mental health treatment, 1,445 psychiatric beds, including the two state psychiatric institutes).
- 4 designated managed service organizations across seven sub-state purchasing areas that contract with 41 funded substance use disorder treatment providers 184 sites of service.
- 6 acute treatment facilities.
- 40 residential facilities providing residential mental health services for children (psychiatric residential treatment facilities and therapeutic residential child care facilities).
- 698 licensed substance use disorder treatment provider agencies.
- 44 prevention providers (94 statewide programs/strategies).

Strengthening Colorado's Mental Health System-Colorado's Crisis Response System

EXPANDED BEHAVIORAL HEALTH ACCESS FOR COLORADO

Colorado's first statewide resource for assistance with a mental health, substance use or other emotional crisis

Established via Gov. John Hickenlooper's "Strengthening Colorado's Mental Health System: A Plan to Safeguard all Coloradans" initiative in partnership with the Colorado Department of Human Services

Provides expanded access to behavioral health crisis services, ensuring Coloradans get the right services in the right locations at the right time throughout the state

Strengthening Colorado's Mental Health System-Colorado's Crisis Response System

GOALS:

- Expand early access to support and services for individuals with behavioral health needs and their families
- Promote ongoing recovery through linkage with community resources
- Decrease the number of unnecessary involuntary civil commitments, hospital emergency room visits, jail stays, and reduce episodes of homelessness for individuals experiencing a behavioral health emergency
- Increase the availability of community and natural supports to prevent behavioral health crisis

Colorado's Crisis Response System Key Service Components



CRISIS SUPPORT LINE 1-844-493-8255

The crisis support line is a 24/7/365 support line for anyone affected by a mental health, substance use or emotional crisis. All calls are connected to a mental health professional, who will provide immediate support and connections to further resources.

CRISIS WALK-IN CENTERS / STABILIZATION UNITS

The crisis walk-in centers are open 24/7/365 and provide walk-in crisis screening and counseling, medical clearance, assessment and triage and linkage to follow-up service providers.

They are designated by the State to accept individuals voluntarily or on a mental health hold; they can also vacate a hold or initiate a hold.

Crisis Stabilization Units provide crisis beds for 1-5 days, for either voluntary or involuntary treatment.

Services are provided regardless of residency, legal status, payor source or lack of a payor source, or diagnosis. Prior authorization is NOT needed for crisis stabilization services, whether CSU, Respite, or Mobile.

MOBILE CARE

Mobile care is available 24/7/365, meeting individuals at their homes or other locations.

Mobile care includes specialized services to meet individual's unique needs. Mobile care will arrange for appropriate transport to needed services for individuals in crisis, ensuring that transportation options are safe and provided in the least restrictive manner whenever possible.

RESPITE CARE

Respite care provides safe, stabilization and support, and is often peer-managed. This service requires an assessment by a Crisis Clinician, either through Mobile or Walk-in Services and has a voluntarily stay of 1-14 days. Services may include individual respite supports such as in-home respite, peer supports, crisis apartments or family-based crisis homes.

Office of Behavioral Health – Substance Use Disorder Services

The Office of Behavioral Health serves as the federally designated Single State Authority (SSA) for substance use disorder prevention and treatment to oversee distribution of the federal block grants for substance use disorder treatment and substance use disorder prevention.

Office of Behavioral Health Role Substance Use Disorder Services

Substance Use Disorder Oversight Description

- Title 27, Article 80, 81, and 82 Colorado Revised Statute primarily governs these programs.
- Contract for the provision of community prevention, intervention, treatment and recovery services.
- Ensure timely access to a continuum of services including outpatient, residential, and detoxification services
- Assure expedited access and specialized services for priority populations
- Contract for prevention services to strengthen local initiatives to reduce risk factors for substance use at the individual, family and community levels.

Office of Behavioral Health Role Substance Use Disorder Services

Categories of Substance Use Treatment Licenses based on American Society of Addiction Medicine levels of care:

- Gender-responsive women's treatment.
- Medication- assisted treatment for opiate dependence.
- Treatment of Minors.
- Offender education, treatment and adjunct services.
- Driving Under the Influence, Driving While Ability Impaired, and Driving Under the Influence offender education and treatment.
- Treatment of persons involuntarily committed to treatment.

Office of Behavioral Health Funding Substance Use Disorder Services

Substance Use Disorder Oversight Description

<u>Program Cost</u>: Total appropriated funding for Substance Use Disorder, Prevention and Treatment Services total funding for FY 2015-16 is \$46,139,364.

- \$15,436,902 is General Fund
- \$3,957,954 is from various cash funds
- \$3,092,634 is from re-appropriated funds (including Medicaid)
- \$23,651,874 is federal funding (Substance Abuse Prevention and Treatment Block Grant and other federal discretionary grants)

Office of Behavioral Health Numbers Served Substance Use Disorder Services

Substance Use Disorder Oversight Description

Persons Served: FY 2014-15

- <u>Treatment Consumers/Clients</u>: Of **30**,**106** discharges from substance use disorder treatment (excluding Detoxification and Driving Under the Influence services), **27**,**128** were unique consumer/clients.
- <u>Detoxification Consumers/Clients</u>: There were 52,591 discharges from detoxification services (excluding Driving Under the Influence services), 27,591 of which were unique consumer/clients.
- <u>DUI Consumers/Clients</u>: There were **25**,667 discharges from DUI services (excluding other treatment and detoxification services), of which **22**,896 were unique consumer/clients.

Office of Behavioral Health – Mental Health Services

The Office of Behavioral Health serves as the federally designated State Mental Health Authority (SMHA) for mental disorder prevention, treatment, and recovery to oversee distribution of the federal block grants for mental disorder services.

Office of Behavioral Health Role Mental Health Services

Mental Health Oversight Description

- Title 27, Article 65 through 69 Colorado Revised Statute primarily governs the operation of the mental health programs.
- Colorado's public mental health system is comprised of the community-based mental health programs overseen by the Office of Behavioral Health, and the State's Medicaid, capitated waiver program, which the Colorado Department of Health Care Policy and Financing (HCPF) administers. HCPF manages the Medicaid-eligible population and the Office manages the non-Medicaid population.

Office of Behavioral Health – Mental Health Services

Categories of Mental Health Services Designations and Licenses:

- □ Community Mental Health Center
- Community Mental Health Clinic (Psychiatric Specialty Clinic)
- Psychiatric Hospital
- Seventy-two-Hour Treatment and Evaluation
- ☐ Acute Treatment Unit
- Short-Term Treatment Facility
- Long-Term Treatment Facility
- Therapeutic Residential Child Care Facility
- Psychiatric Residential Treatment Facility

Office of Behavioral Health Funding Mental Health Services

Mental Health Oversight Description

<u>Program Cost</u>: Total appropriated funding for Mental Health Services for FY 2015-16 is \$49,352,996.

- \$38,592,553 is General Fund
- \$4,243,407 is from various cash funds
- \$283,467 is from re-appropriated funds (including Medicaid)
- \$6,233,569 is federal funding (MH block grant and other federal discretionary grants)

Office of Behavioral Health Number served Mental Health Services

Mental Health Oversight Description

Persons Served: FY 2014 URS Data:

- Total served by the public mental health system
 - · 113,269
- Office funded non-Medicaid/indigent consumer/clients
 - · 27,130
- Medicaid funded consumer/clients
 - 51,727
- Both Medicaid and non-Medicaid
 - · 34,412

Unmet Need Trends

Data indicates the unmet needs or challenges in Colorado to be:

- 1. Lack of inpatient hospital services
- 2. Inadequate housing resources (affordability and type)
- 3. Availability of specialized for the aging population
- 4. Difficulty retaining and recruiting qualified workforce
- 5. Availability of services for people with co-occurring service needs
- 6. Inadequate access to services
- 7. Lack of a continuum of prevention and recovery services
- 8. Inadequate availability of specialty services (i.e. LGBTQ, Trauma, and non-English speaking services)

- 1. Identify and fund critical services gaps remaining after implementation of the Affordable Care Act
- Enhance the effectiveness of the inpatient mental health services provided at the Mental Health Institutes to include facilitation of a smooth transition back to community
- 3. Align regulatory efforts and contracting with the changing healthcare environment
- 4. Ensure availability of accurate and timely information about changing statewide behavioral health trends

Identify and fund critical services gaps remaining after implementation of ACA

- Support recovery support services including housing assistance, employment supports and peer-delivered services
- Fund continuity of care efforts not funded by public or private insurance
- Promote services for populations excluded currently from Medicaid coverage such as individuals in jails and institutions
- Ensure availability of emergency/safety net services such as detoxification and crisis response

Enhance the effectiveness of the services provided at the Mental Health Institutes

- Enhance use of trauma-informed care approaches
- Promote transition support services
- Provide employment services
- Use technology to improve quality of care
- Expand use of alternatives to seclusion and restraint
- Enhance community linkages

Align regulatory efforts

- Ensure timely processing of licenses
- Facilitate rule changes to support changing delivery system such as integrated healthcare and jail-based services
- Examine and respond to changing workforce requirements such as peer credentialing

Ensure availability of accurate and timely information about behavioral health trends

- Support state-specific studies of substance use trends
- Compile state-specific data on behavioral health problems
- Stay abreast of trends in behavioral health prevention and treatment effectiveness

The CDHS, Office of Behavioral Health's Block Grant reflects a change focus as emphasized by the federal government from traditional treatment dollars to:

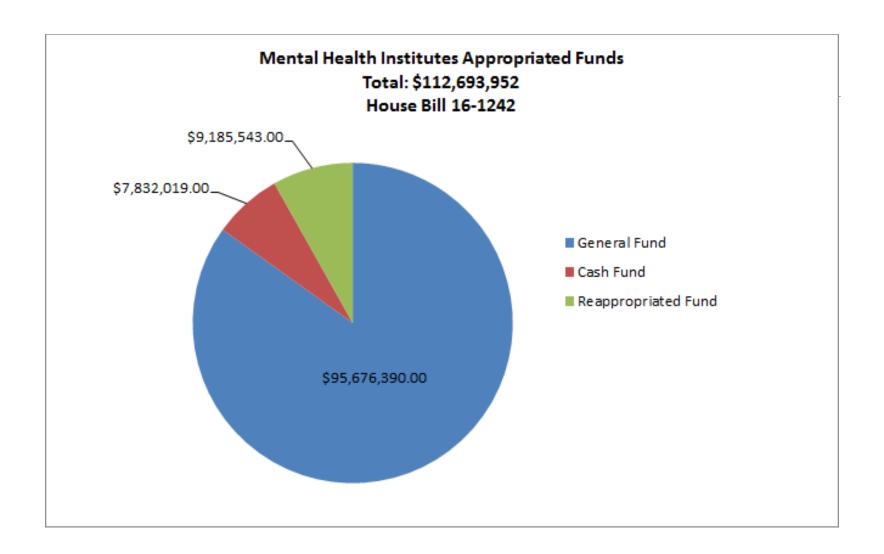
- Prevention and early intervention
 - (5% in FY 2016 and 10% FY 2017)
- Recovery Support Services
 - (5% in FY 2016 and 10% FY 2017)

Mental Health Institutes – Mission and Role

Recovery is a collaborative, active growth process by which patients move towards increased independence, hope, personal identity and a goal driven and meaningful life not dominated by symptoms of mental illness.

- The Institutes are the inpatient psychiatric hospital "safety net"
- The Institutes serve indigent and Medicaid eligible individuals referred by the State's community mental health centers
- The Institute in Pueblo also provides forensic services to individuals referred by the State's justice system

Mental Health Institute Appropriated Funds



Colorado Mental Health Institute at Pueblo (CMHIP)

Overview

- Operates a total of 449 psychiatric beds
 (104 beds in the Admissions Program, 116 in the Cognitive-Behavioral Program, 157 in the Psych-Social Program, and 72 in the Restoration Program), treating adolescent, adult and geriatric patients.
- Employs 959.0 FTE (Long Bill appropriated)
- Serves a patients with a range of commitment types:
 - o 30% Incompetent to Proceed/Restoration (forensic)
 - o 30% Not Guilty by Reason of Insanity (forensic)
 - o 1% Department of Corrections Transfer (forensic)
 - o 11% Court Ordered Evaluation (forensic)
 - o 10% Voluntary Civil
 - o 18% Involuntary Civil

Overview (cont.)

- Patients with civil commitments are referred by community mental health centers and the court system. Courts refer individuals who are determined to be a danger to themselves or others or gravely disabled due to mental illness.
- Patients with forensic commitments are referred from the State court system. State law requires CMHIP to provide services for individuals:
 - Ordered to CMHIP for an evaluation of competency to stand trial
 - Ordered to CMHIP for restoration to competency
 - Committed to CMHIP as not guilty by reason of insanity

CMHIP operates at an Average Daily Census of 394.3 (87%) patients.

Colorado Mental Health Institute at Fort Logan (CMHIFL)

Overview

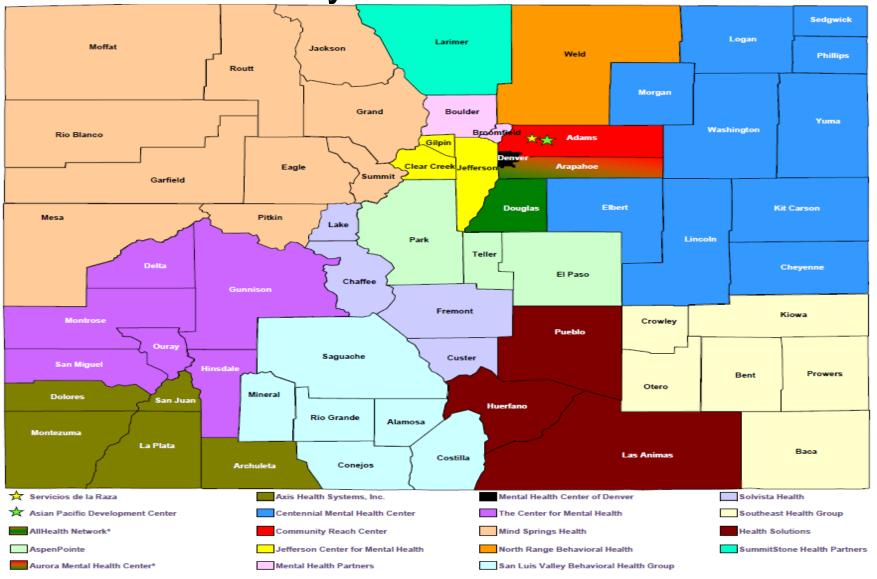
- Operates 94 civil Adult inpatient psychiatric beds.
- Accepts individuals referred from the community mental health centers under C.R.S. 27-65.
- Employs 216.4 FTE (Long Bill appropriated)

CMHIFL operates at an Average Daily Census of 91.3 (97%) patients.

Colorado's Community-Based Providers and Managed Care Organizations

Community Mental Health Centers (CMHCs)

Community Mental Health Centers



^{*} Arapahoe County is served by Arapahoe/Douglas MHN excluding the city of Aurora, which is served by Aurora MHC.

Colorado's Community Mental Health Centers

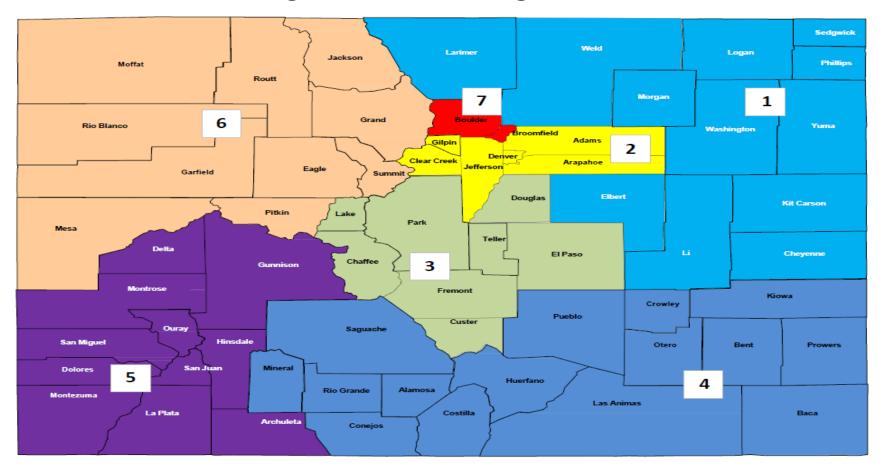
- Community-Based & Tax Exempt (Not-for-Profit)
- Cover the Entire State
- Use a combination of different funding sources to provide a safety net for people who are uninsured or under insured and need mental health treatment
- Colorado has a history of under-funding this system
- The impact of a lack of treatment affects the criminal justice system, emergency room access, homelessness and the state's suicide rate (7th nationally)

Specialty Mental Health Clinics

- Asian Pacific Development Center
- Servicios de La Raza

Managed Service Organizations (MSOs)

Managed Service Organizations



Colorado Managed Service Organizations Catchment Areas by Sub-State Planning Areas (SSPA)

MSO	SSPA
Mental Health Partners	◆
AspenPointe	3>
Signal Behavioral Health Network, Inc.	2 4
West Slope Casa, LLC	\$ 6

- 4 MSOs, 7 Sub-State Planning Areas (SSPAs)
- Over 40 Substance Use Disorder Providers
- Full Continuum of Services

The Value of Colorado's MSOs

- Colorado's MSOs are uniquely positioned to <u>guide</u> the inclusion of SUD services in public and private healthcare systems throughout the State.
- As Colorado moves forward with health reform, MSOs are poised to <u>demonstrate</u> the significance of SUD treatment in integrated healthcare.
- MSOs <u>lead</u> and <u>promote</u> SUD treatment and prevention in Colorado—positively impacting Colorado's goal to achieve the healthcare Triple Aim.

Contacting the MSOs:

Mental Health Partners

3180 Airport Road Boulder, Colorado 80301 (303) 441-1281 www.mhpcolorado.org

Signal Behavioral Health Network, Inc.

6130 Greenwood Plaza Blvd, Suite 150 Denver, CO 80111 (303) 639-9320 www.signalbhn.org

AspenPointe

6208 N. Lehman Drive, Suite 317 Colorado Springs, CO 80918 (719) 572-6100 www.aspenpointe.org

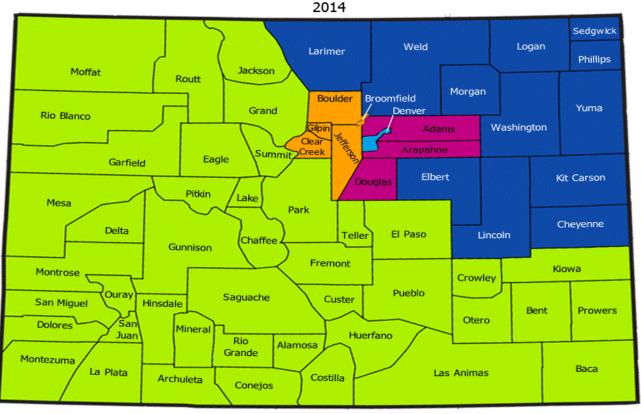
West Slope Casa, LLC

PO Box 3410 Glenwood Springs, CO 81602 (970) 945-8661 www.westslopecasa.org

Behavioral Health Organizations (BHOs)

Behavioral Health Organizations

Colorado Medicaid Community Behavioral Health Services Program Geographic Service Areas



- Colorado Access/Access Behavioral Care Northeast (ABC)
- Behavioral Healthcare, Inc. (BHI)
- Colorado Health Partnership (CHP)
- Foothills Behavioral Health Partners (FBHP)
- Colorado Access/Access Behavioral Care Denver (ABC)

History

- The BHO system was founded in 1995. Now serves 1.3 million
 Medicaid Plan Members
- The system has saved Colorado well over \$100 million to date
 - Comparing Medicaid FFS rate increases against BHO rate increases
- The BHO system has received excellent quality marks in independent external quality reviews

Colorado's Original Global Payment Model

The payment model of the BHO system is capitation, defined as Global Payment:

- Provider driven managed care vs traditional MCO risk model.
- Drives continuum of services offered, incentives to keep costs low,
 maintain access to routine services.
- Has kept medical inflation well below Colorado's Fee-For-Service (FFS) rate increases.
- Has flexed well to accommodate Medicaid plan growth.

What are Alternative (B3) Services?

- Vocational Services
- Intensive Case Management
- Prevention/Early Intervention Activities
- Clubhouse and Drop-in Centers
- Residential (including ATU)
- Assertive Community Treatment
- Peer Support and Recovery Services
- Respite Services
 - Implications for crisis system funding as well

Benefits of the Program

The Mental Health Managed Care Program has enabled Colorado's Medicaid program to provide a wider array of mental health and substance use disorder services – so that enrollees get what they need achieve health and maintain recovery. The program has enabled the State to:

- Manage the behavioral health care services provided to enrollees with a communitybased infrastructure
- Save money
- Integrate physical and behavioral health care
- Make investments in a strong, community-based behavioral health system that is capable of innovation – i.e. responsively developing programs and services that meet the needs of local communities
- Pay IMD psychiatric hospitals
- Allows for better quality measurement

Crisis Services Providers

Colorado's Crisis Response System Key Service Components



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Metro Denver Region

WALK-IN CENTERS

12055 W. 2nd Place Lakewood, CO 80228

791 Chambers Road Aurora, CO 80011 7a.m.-11p.m.

1000 Alpine Avenue (West Entrance) Boulder, CO 80304

4353 E. Colfax Avenue Denver, CO 80220

WALK-IN CENTERS and CRISIS STABILIZATION UNITS

2551 W 84th Avenue Westminster, CO 80031

6509 S. Santa Fe Drive Littleton, CO 80120

2206 Victor Street Aurora, CO 80045

CRISIS STABILIZATION UNITS

Child/Adol- 1290 Potomac Street Aurora, CO 80012

Child/Adol- 421 Zang Street Lakewood, CO 80228

Southeast Region-SCCC

WALK-IN CENTERS AND CRISIS STABILIZATION UNITS

1302 Chinook Lane Pueblo, CO 81001

115 S Parkside Drive Colorado Springs, CO

Western Slope-WSC

WALK-IN CENTERS AND CRISIS STABILIZATION UNIT

515 28 3/4 Road Grand Junction, CO 81501

Northeast Region-NBH

WALK-IN CENTERS

525 West Oak Street Fort Collins, CO 80521

928 12th St Greeley, CO 80631

CRISIS STABILIZATION UNITS

1217 Riverside Avenue Fort Collins, CO 80524

Mobile Crisis Services:

- Linked to crisis stabilization units and respite/residential services
- Timely face-to-face response
- Intervention regardless of where the crisis occurs
- Work closely with police, crisis hotlines, schools and hospital emergency departments
- Operate 24 hours a day, 365 days a year by providing:
- Community based interventions
- Pre-screening assessments
- Managing/controlling crisis diversionary services





SCCC- 12 dispatch locations



NBH- 3 dispatch locations



WSC- 20 dispatch locations



<u>MHFA Colorado</u> provides coordinated and strategic leadership, critical infrastructure, and the necessary implementation supports to facilitate the statewide growth of both adult and youth Mental Health First Aid.

We are a coalition driven by community non-profit organizations across Colorado and various state agencies, with <u>leadership from the Colorado Behavioral Healthcare Council</u>.

The backbone of MHFA Colorado is a growing network of instructors that are trained to encourage public understanding and involvement through teaching the signs and symptoms associated with mental health and substance abuse issues.

Best Community Impact
National
Award Winner
2012

Project AWARE
State-Level Grant
Award Winner
2014

State of Colorado Statewide Grant Award Winner 2014



Vision

By 2020, Mental Health First Aid will be as common as CPR and First Aid.



MHFA in Colorado

- Over 20,122 Mental Health First Aiders Certified
- 322 Instructors
- Statewide Reach



- Cross-systems collaboration and leveraging of resources
- Cultivating resources and laying the foundation for Sustainability

Opportunities for Involvement

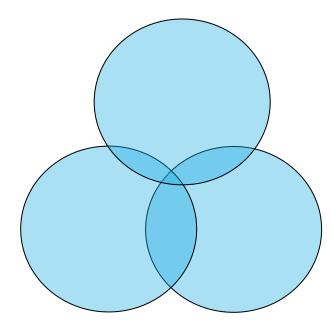
Get Certified! Find a course at www.mhfaco.org

Partner with the MHFA CO Community

Become an Instructor

https://www.facebook.com/mhfaco

https://twitter.com/mhfaco





Contact:

Brian Turner

Colorado Behavioral Healthcare Council W) 303.832.7594 ext. 204

You want to help. Learn how. Check out Mental Health First Aid Colorado!

www.mhfaco.org

Questions?