Behavioral Health Transformational Task Force Public Survey Responses

Survey Analysis

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Overview

- The purpose of the survey was to gather feedback from across the state on how the Behavioral Health Transformational Task Force should prioritize funding and recommend policy changes.
- The survey was sent on August 23 and closed on September 1. The survey was kept open until September 15 to collect additional responses after the deadline.

427

Total number of responses received

Gaps in Care Across the Continuum

Responses were sorted into five main areas, with 1 having the most responses and 5 having the least:

1. Beds/high-intensity needs (61)
2. Outpatient and Wellness Services (22)
3. Prevention (15)
4. Recovery (13)
5. Crisis (6)

Beds and People with High-Acuity Needs (n=61)

Invest in and appropriately fund residential and inpatient treatment beds for people with behavioral health conditions

Inpatient capacity for Mental Health
- CMHIP
- Rural

Residential mental health

Long-term care facilities for people with mental health conditions or co-occurring MH/SU

Residential capacity for SUD
- Individuals involved in the CJ system

Inpatient capacity for substance use

Detox beds

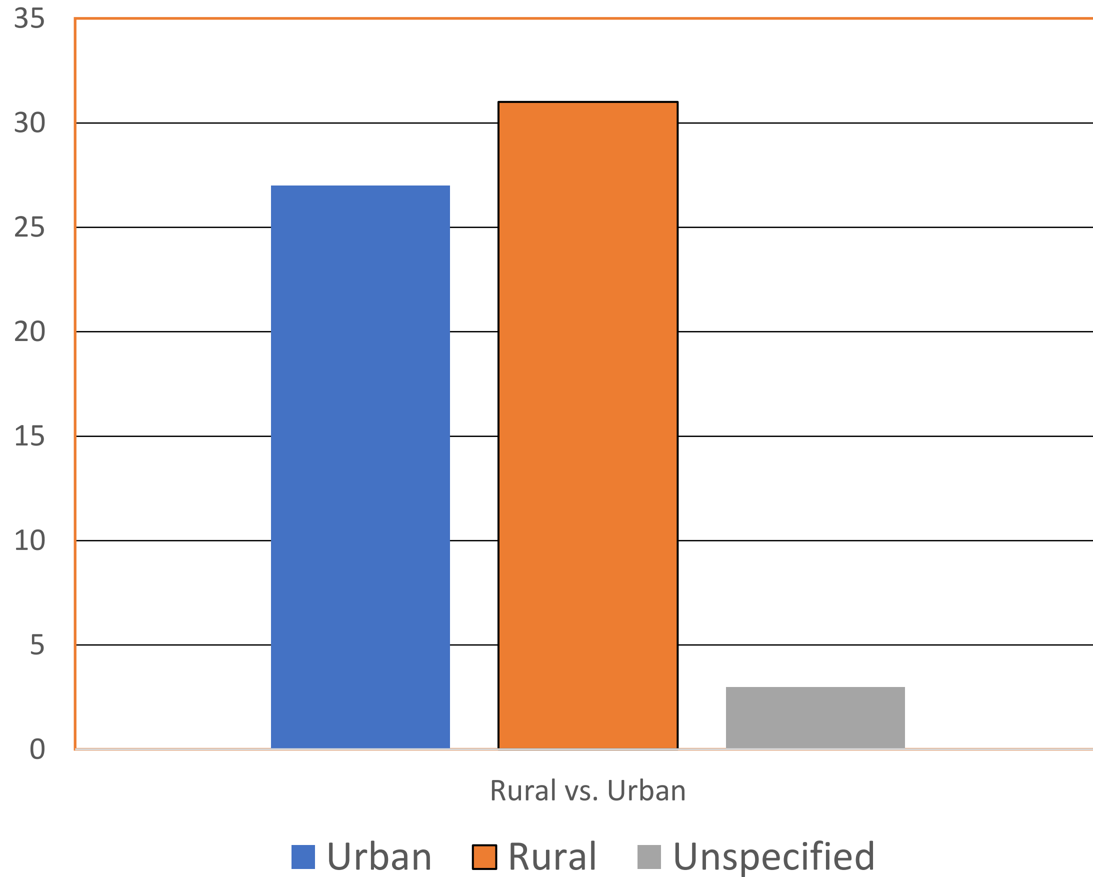
Funding high-intensity community-based treatment

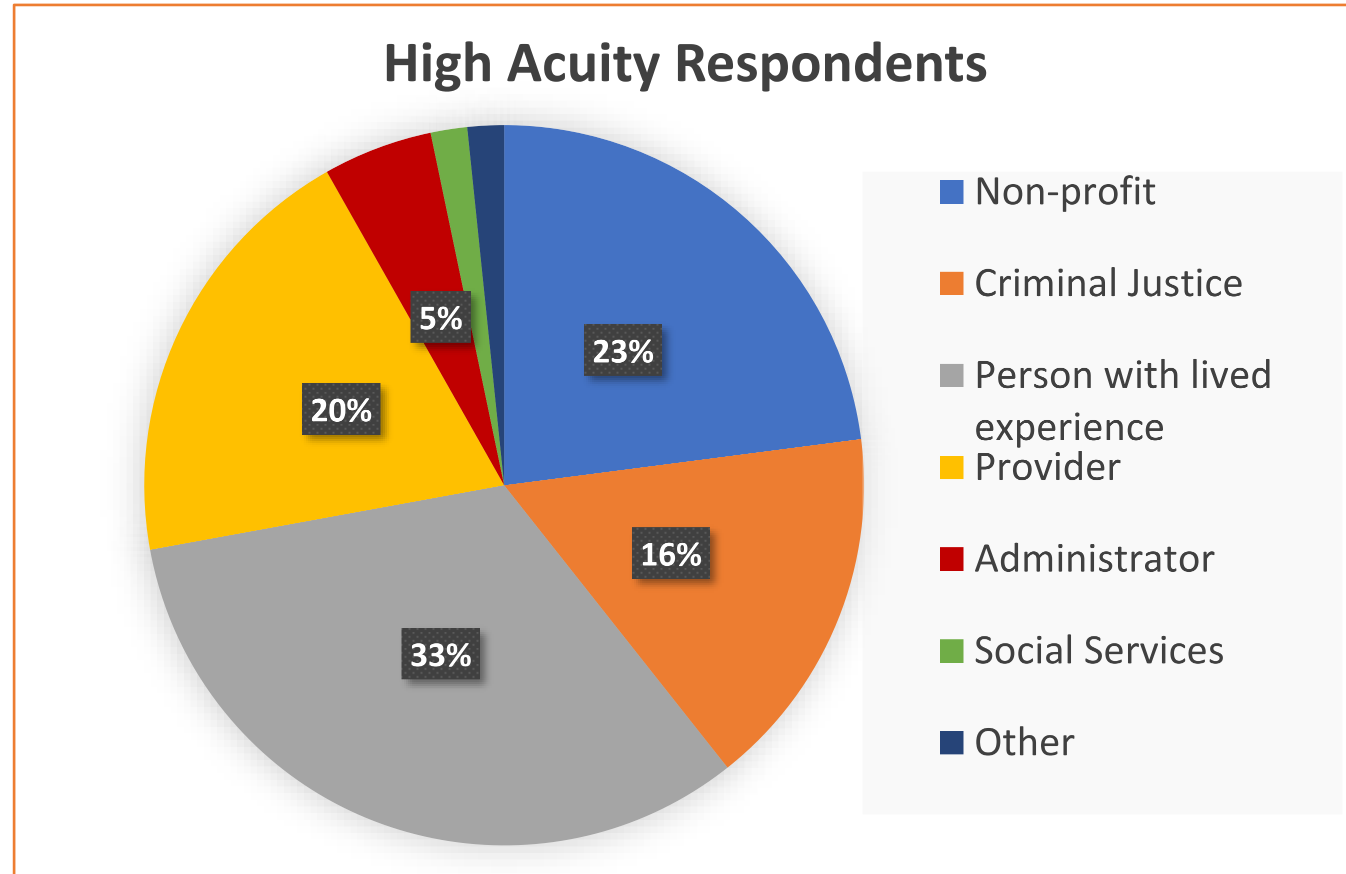
Funding to support the creation of more holistic behavioral health facilities

Jail-based hospital setting for individuals who are unable to be diverted from jail but have acute BH needs

Policy Recommendation: Implement Assisted Outpatient Treatment Model in Colorado

Beds/High Acuity Survey Responses





Gaps in the Continuum of Care

Prevention/Early Intervention (n=15)

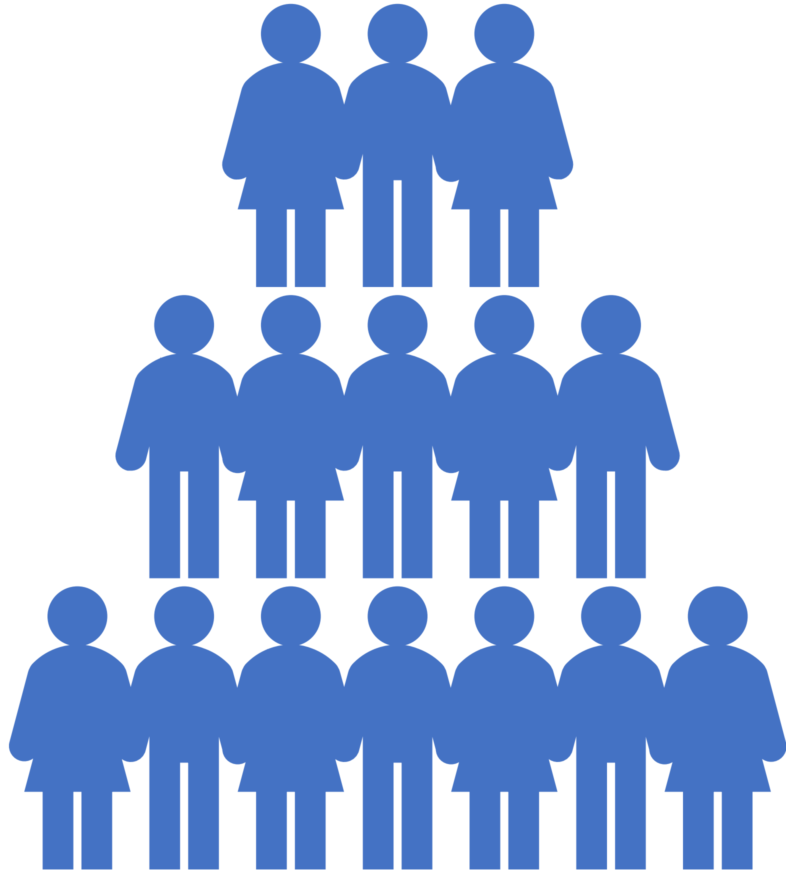
- Invest in prevention efforts that target risk and protective factors
- Adjust billing code reimbursements for prevention
- Funding for Charlie Hugs & Nathan Gauna Opioid Prevention Grant
- Funding for Tony Grampsas Youth Services Grant Program

Outpatient & Wellness Services (n=22)

- Many of the recommendations were for outpatient services for specific populations or types of services:
  - LGBTQ+
  - Survivors of domestic violence
  - Gambling Disorder
  - Psychedelic therapy
  - Animal therapy
- Fund hospital systems to create and promote a more robust integrated care outpatient service

Recovery (n=13)

- Infrastructure of safe places for people to go when they need support, encouragement, and community.
  - Recovery Community Organizations
  - Peer respite homes
  - Mobile recovery vans
- Sober living homes
- Access to peer services, especially in rural areas



Workforce

Responses were sorted into six main areas, with 1 having the most responses and 6 having the least:

1. Retention (17)
2. Training (16)
3. Recruitment (13)
4. Cultural Competency (12)
5. Peer Workforce (6)
6. Licensed Provider Scope (4)

Workforce – Retention (n=17)

- Provide more competitive compensation and wages to those in behavioral health field
  - Includes direct care (peers, para-professionals, unlicensed, licensed, prescribers) as well as support staff
  - Dramatically increase reimbursement rates
  - Ensure any org receiving enhanced reimbursement makes a commitment to serve safety net and indigent clients
  - *COVID specific issue: providers are leaving the field or turning to private sector as remote work options become more available and provider burnout increases*
- Decrease provider caseloads
- Expand loan repayment program for working in rural or frontier region
- Explore housing voucher options for workforce living in rural/resort communities
- Increase opportunities for career advancement and supervision
- Incentivize or fund existing prescribers (such as psych NPs, psychiatrists, etc.) to manage medications that primary providers cannot or will not manage

Workforce – Recruitment (n=13)

Recruit providers to field of behavioral health work, and particularly in rural regions and safety net settings

- Provide scholarships and sponsored internships to get higher level of education or behavioral health certification
    - Fund mental health certification for nurse practitioners in rural areas to write Rx
- Continue funding of tuition reimbursement programs and loan repayment
- Increase diversity in the workforce through pipeline programs
- Incentivize, providers, particularly psychiatrists to work in rural and frontier regions as well as in-patient, emergency department settings
- Competitive compensation again noted

Workforce – Competencies

Training (n=16)

- Funds for more training on mental health and substance use specialization
- Specific training needs addressing:
  - Trauma-informed care
  - Severe mental illness
  - Racial trauma
  - Domestic violence/sexual assault
  - People living with a disability
  - LGBTQ+ populations
- Training for Emergency Department staff on behavioral health

Cultural Competency (n=12)

- Fund culturally competent community-based organizations to enhance behavioral health service provision
- Provide grants to recruit and retain providers with diverse identities to enhance the cultural competency within the field
- Develop curriculum to train care delivery teams to address racial trauma, and deliver therapeutic services in a racial trauma informed manner

"At this time, approximately 3-4% of behavioral health providers are effectively capable of providing culturally/linguistically relevant and responsive care in relation to the Latin@/Spanish-speaking communities of Colorado.
– Servicios de la Raza

Workforce

Support Peers and Lay Workers (n=6)

- Expand peer workforce
- Appropriately train and provide supervision and supports for peers
  - Require peer training and certification in Wellness Recovery Action Plan (WRAP)
- Increase use of trained paraprofessionals or community workers

"We do not have enough behavioral health service providers in our area, so wait times to receive services can be several weeks. I would highly recommend teaching advocates and more lay people interventions that are effective…" Rise Above Violence

Scope of Licensed Providers (n=4)

- Allow specially trained licensed psychologists to prescribe and manage psychotropic medications
- Work with DORA to streamline/implement reciprocity procedures to better facilitate licensed professionals moving into the state from other states or countries
- Expand cross-discipline supervision in safety net settings

"Our rural communities are desperate for a nurse practitioner able to write scripts to work with mental health patient needs"
- Delta Health and Wellness

Integrated and Coordinated Care

Responses were sorted into six main areas, with 1 having the most responses and 6 having the least:

1. Housing (45)
2. Improved Entry and Access (32)
3. Integration (19)
4. Reduction of Administrative Burden (17)
5. Community Coordinated Response (14)
6. Care Coordination and Navigation (10)

Housing (n=45)

Work with Housing Task Force to take a deeper dive into these responses

Ensure the needs of people with behavioral health needs area addressed and prioritized

Ensure behavioral health support in all settings

Housing models/examples mentioned:

- Permanent supportive housing – Housing First
- Transitional supportive housing
- Step down hospital care
- Highly structured therapeutic communities
- Bridge housing
- Emergency shelter systems
- Family reintegration
- Rapid rehousing
- Villages of tiny homes
- Purple Cliffs, Village of Hope
- Recovery residences/sober living home
- Affordable housing

With this ARPA one-time funding, provide capital funding for acquisition of recovery residence in every region of the state; repurposing buildings for housing

Improved Entry and Access (n=32)

Single point of entry for those seeking behavioral health support: an easy, quick, immediate way to get connected with the appropriate level of services

- No wrong door
- Reduce wait times
- Consistency in care
- Easily accessible, affordable counseling
- Low-barrier
- Available telehealth
- Accessible to people with disabilities
- More drop-in centers
- Providers can see any patient, regardless of payer source

Available
Quick
Easy-to-access
No-wrong-door
Accessible
Safe
Accurate
Immediate
Available regardless of payer
Low-barrier
Consistent
Culturally-responsive

“Transportation from Montezuma County is relied upon by EMS crew that requires a full emergency vehicle to be taken out of service [of] the community in order to transport a behavioral health patient up to 8 eight hours away for clinical treatment.”
-Rural provider, Montezuma County

Spotlight: Rural Regions Face Additional Needs

- More services needed along the continuum in rural areas
  - Face greater shortages in workforce
  - Face greater shortage of care along the continuum
- Transportation to behavioral health facilities is an urgent need
- Housing costs
- Stigma in small communities
- Can have limited broadband access
- Rural communities have strengths as well as challenges

Integration (n=19)

Integration with Physical Health

- Behavioral health services should be considered 'prevention' and thus have zero cost to patients
- Make mental health and substance use services more like primary care, "once a patient, always a patient"
- Implementation grants for collaborative care models; require reimbursement of collaborative care model codes
- Develop Certified Community Behavioral Health Clinic model in Colorado
- Fund Hub and Spoke models; expand models such as Denver's Center for Addiction Medicine to other regions
- Fund integration of behavioral health into non-traditional settings

Data Integration

- Interoperable technology that supports data sharing across clinical and community entities
- Onboard providers to Health Information Exchange (HIE) and ensure Electronic Health Record vendors are prepared on data exchange
- Provide statewide policy guidance on 42 CFR II with broad stakeholder engagement
- Require behavioral health systems to have the same online referral system
- Create a Digital Identification Wallet technology solution to ensure members have identification documents required to access social, medical, and financial services
- Develop and implement a consent management platform and process, including roll-out and training for providers

Reduce Administrative Barriers (n=17)

- Reduce paperwork burden on providers for intake and attendance so they can focus on care
- Simplify reimbursement
- Create centralized medical and behavioral health electronic health record system to minimize administrative burdens
- Eliminate the timeframe to complete assessments Colorado Client Assessment Record (CCAR), Drug Alcohol Coordinated Data System (DACOD), interstate compact
- Change expectation for completing full biopsychical assessment in one setting
- Streamline licensing requirements for residential treatment

"It takes 3 hours and over 30 pages of documentation to see even an intake counselor for an assessment and usually takes up to 3 weeks in behavioral treatment [to get assessed for medication assisted treatment]. Conversely, 4 pieces of paper and 20min is what it takes to see physician and get the same treatment" – Substance use provider

Community Collaborative Response (n=14)

- Invest in a sustainable, common human and technical infrastructure (not just programs)
- Engage with marginalized populations, providers, and leaders in communities to create a "Commons" system
- Deploy a new, community-centric, member-powered system to achieve thriving
- Provide a peer navigator/coach/companion in each community

Care Coordination & Navigation (n=10)

Each person receiving behavioral health services have access to a care coordinator to assist with:

- Connecting to appropriate level of care
- Monitoring and follow-up
- Medication management
- Addressing social determinants of health (housing, employment etc.)
- Possibly transportation to appointments

- Create Care Compact including Navigator position in each jurisdiction modeled after Douglas County Care Compact
- Develop pilot for case management process
- Provide technology assistance for patients

"Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient." – submitter quote of AHRQ definition

Sustainable Funding, Affordability, and Payer Systems

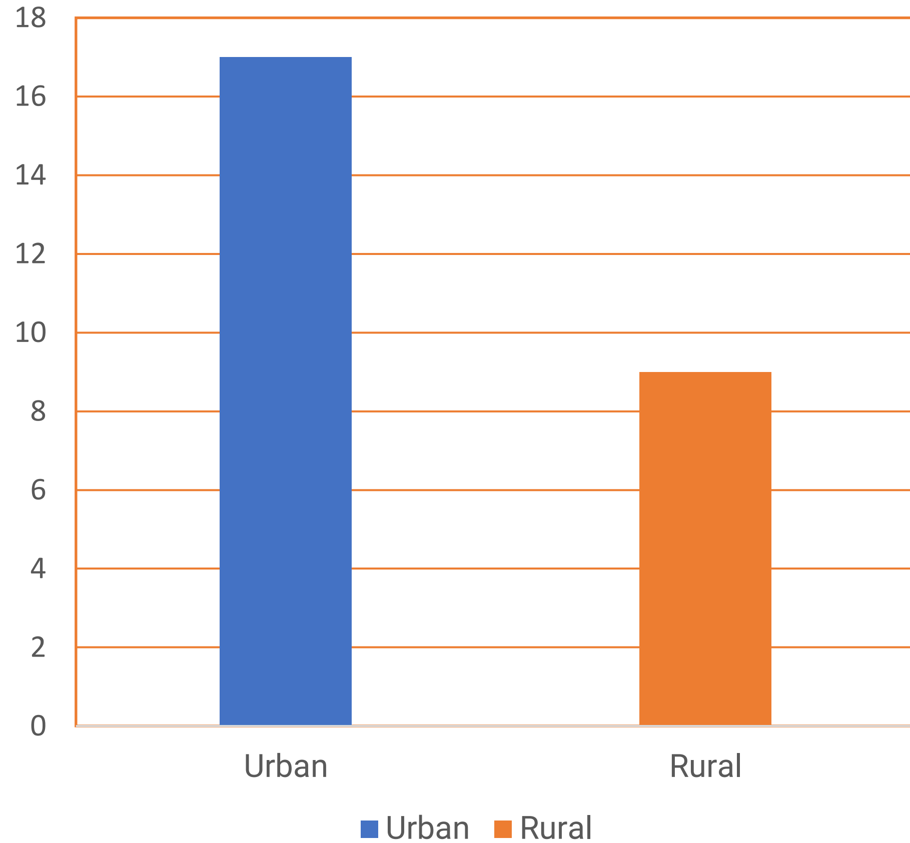
Responses were sorted into six main areas, with 1 having the most responses and 6 having the least:

1. State Medicaid Reform (28)
2. Direct funding to local communities and non-traditional providers (14)
3. Behavioral health care affordability (14)
4. Parity (11)
5. Accountability (8)
6. Evaluation (8)

Medicaid Reform (n=28)

- Increase Reimbursement for Medicaid behavioral health providers
- Require RAEs to have a streamlined credentialing and billing process
- Ensure RAEs contract with sufficient number of providers willing and able to treat substance use disorders to meet need
- Ensure adequate reimbursement for roles and services that build “connective tissue” for substance use care, such as peers, case managers, care coordinators, navigators, etc.
- Reduce lengthy and burdensome preauthorization requirements
- Overhaul how behavioral health is paid for in the state and align it with the medical model

Medicaid Reform Analysis



Respondent Type

14%
46%
18%
11%
7%
4%

Non-profit
Provider
Social Services
Consumer
Criminal Justice
Education

Sustainable Funding, Affordability, and Payer Systems

Behavioral Health Care Affordability for All (n=14)

- Universal mental health care
- Funding available for anyone who needs behavioral health services, including people who are uninsured or underinsured
- Provide a grant to private practice owners, specifically for the purpose of providing pro bono services to clients who need it and fall in the gap between not qualifying for Medicaid or Medicare, yet cannot afford the copay for their insurance or cannot find a provider in network.

Direct funding to local communities and non-traditional providers (n=14)

"Expand what providers and organizations can access funding for behavioral health. Non-traditional and smaller organizations need greater support, many of whom are working with marginalized population"

Sustainable Funding, Affordability, and Payer Systems

Accountability (n=8)

- State needs to address conflict of interest issues within provider and intermediary structures
- Transparency of CEO salaries for publicly-funded providers
- Hold mental health facilities accountable for the funding received

Evaluation (n=8)

- Independent community review process, that includes community participation and builds community investment to evaluate existing services and gaps
- Collect and evaluate data from all drug treatment and mental health treatment programs regarding their referral sources, treatment programs and outcomes to direct funds to most effective interventions
- Survey of individuals accessing mental health treatment on quality improvement

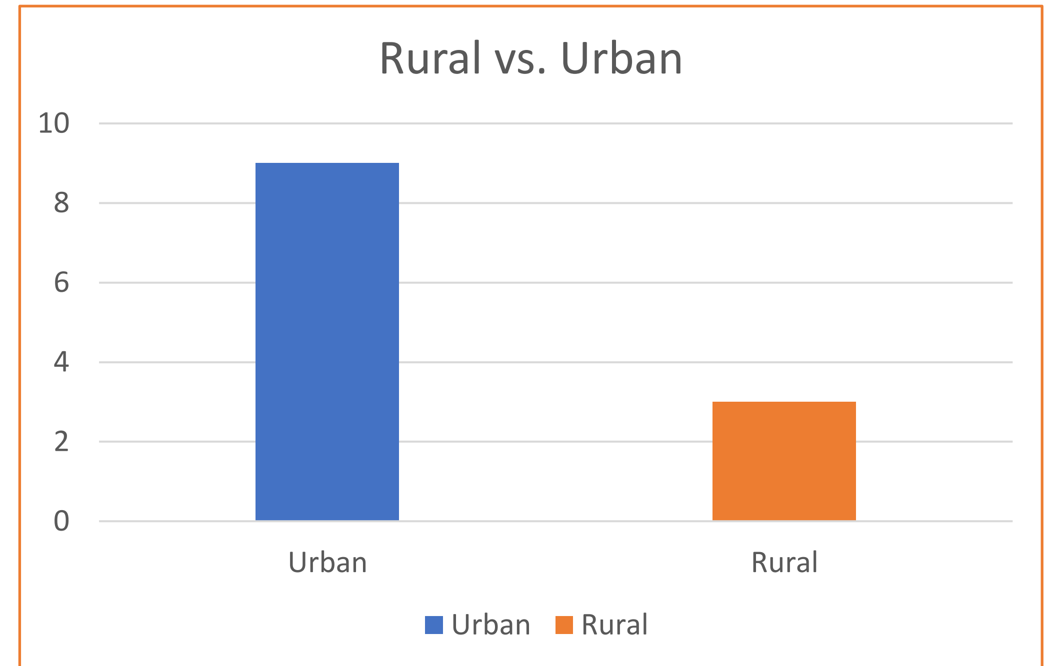
Children, Youth and their families

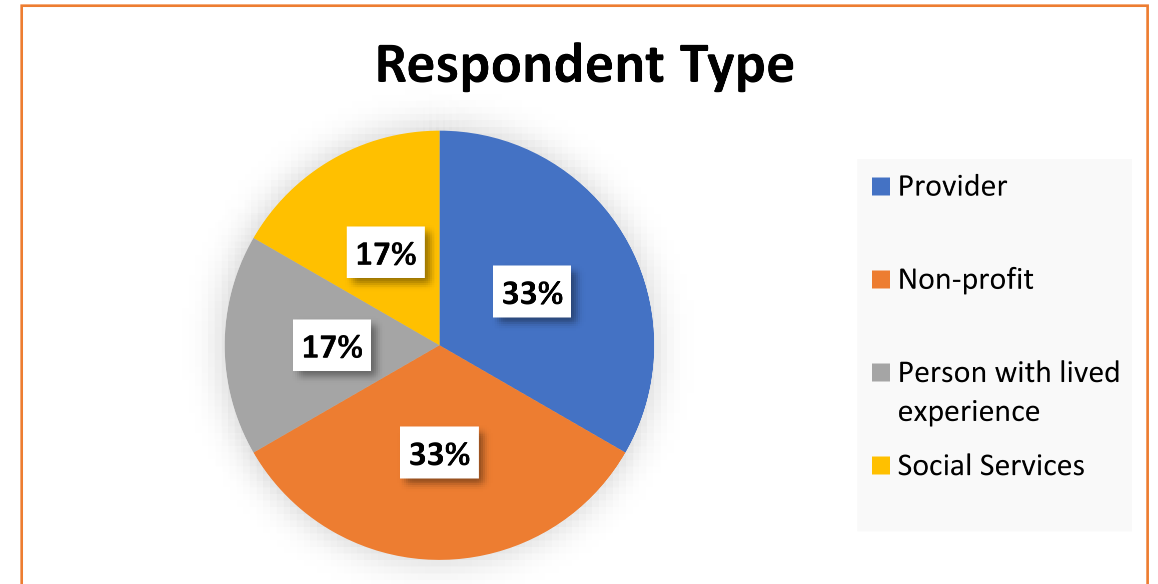
Responses were sorted into seven main areas, with 1 having the most responses and 7 having the least:

1. Schools (13)
2. Maternal behavioral health and early childhood (13)
3. High intensity services (12)
4. Families (11)
5. Prevention (10)
6. Outpatient (5)
7. Workforce (5)

Services in Schools (n=13)

- Fund behavioral health personnel in every school
- Prevention, early intervention including schools and one door for treatment for children
- More funding for school-based health clinics. Additionally, reimbursing better for preventative codes
- Give an age-appropriate mental wellness test to each school child each year



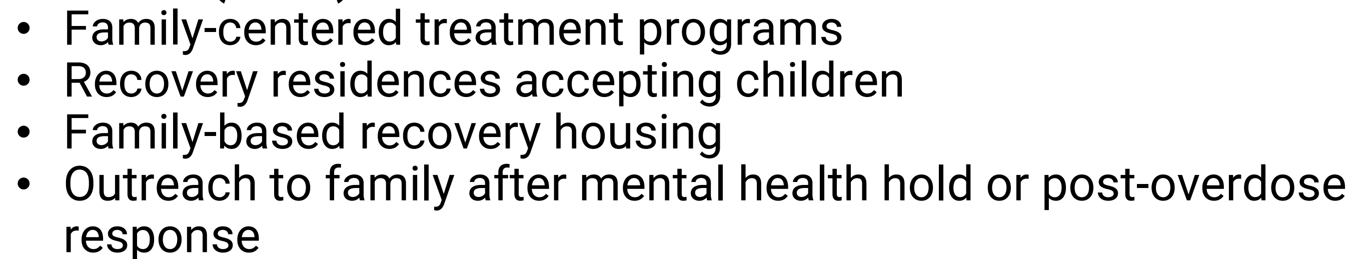


Children, Youth and their Families

Maternal Behavioral Health/Early Childhood (n=13)

- Mental health coordinators in the OB/GYN clinics. Provide therapy sessions during pregnancy and up through one year postpartum to assess and support the mother.
- Peer-led support services, especially tailored for pregnant and parenting people
- Preventative and supportive consultation services to support primary care and OB/GYN/Midwifery providers
- Ensure funding for behavioral health facilitation of group prenatal care
- Scale up roll-out of Colorado Plans of Safe Colorado for substance-exposed newborns; one-time funding for shared data systems, destigmatizing campaigns
- More funding for Early Childhood Mental Health Consultants

Families (n=11)



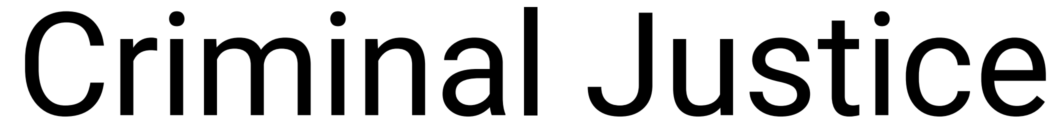
- Family-centered treatment programs
- Recovery residences accepting children
- Family-based recovery housing
- Outreach to family after mental health hold or post-overdose response

Children, Youth, and their Families

High Intensity (n=12)

- Inpatient and residential beds for adolescents
  - Including for youth with co-occurring IDD
- Provide applied behavioral analysis to all children with high behavioral health needs in need in both inpatient and family home setting
- More foster homes able and willing to accept youth with significant behavioral health concerns
- Invest in programs that help support and catch first episode psychosis

Criminal Justice



Responses were sorted into five main areas, with 1 having the most responses and 5 having the least:

1. Co-Responder and Diversion Programs (20)
2. Community Response Teams (12)
3. Treatment in Criminal Justice Setting (n=10)
4. Re-Entry to Community (5)
5. Mental Health Supports for First Responders (4)

Criminal Justice – Co-Responder/Diversion (n=20)

Co-Responder Program & Diversion Programs

- Available 24/7
- Available in all counties, flexible to local needs
- Desire for case management after crisis incident
- Mention of interest in regional, instead of jurisdiction level approaches
- Law Enforcement Assisted Diversion (LEAD) and pre-trial diversion also identified

"To be able to fund a co-responder program for law enforcement, but also be able to have a case manager for all of the follow up and services that they will need" – Rico Blanco Sheriff's Office

Noted by individuals in the following law enforcement agencies: Adams County Sheriff's Office, Douglas County Sheriff's Office, City of Westminster Police Department, Jefferson County Sheriff's Office, Pueblo County Sheriff's Office, Weld County Sheriff's Office, Rio Blanco County Sheriff's Office, County Sheriff's Office of Colorado Association

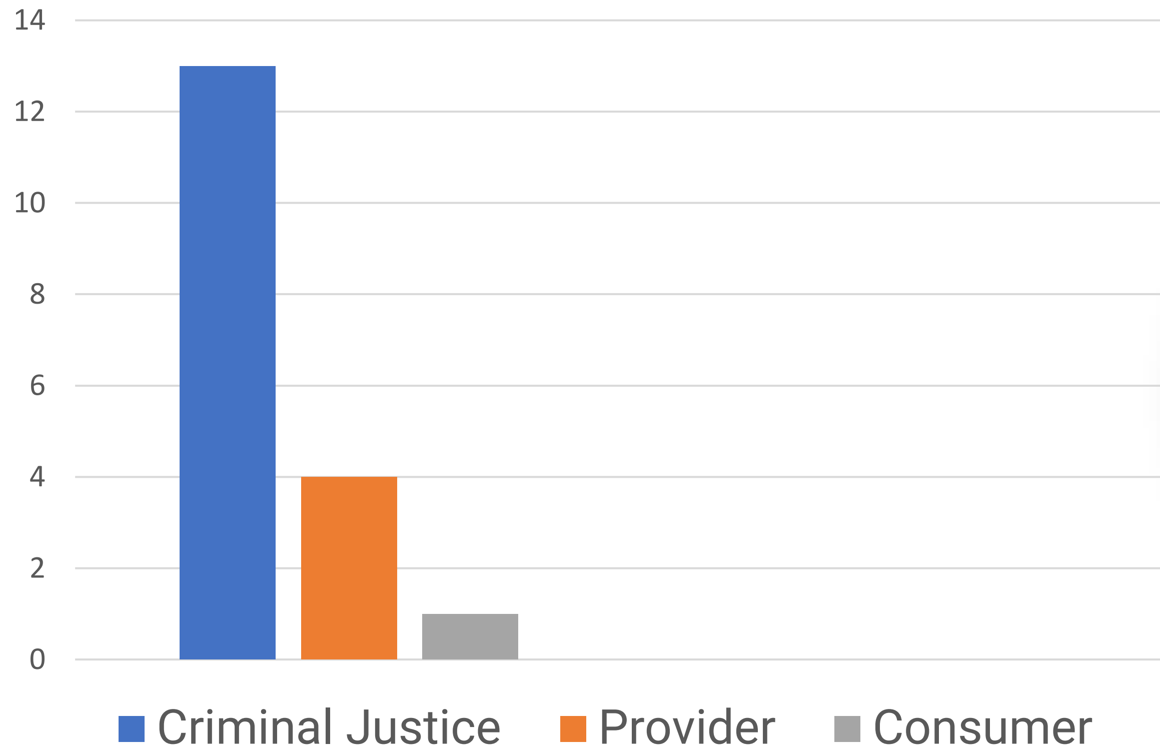
Criminal Justice- Community Response Teams (n=12)

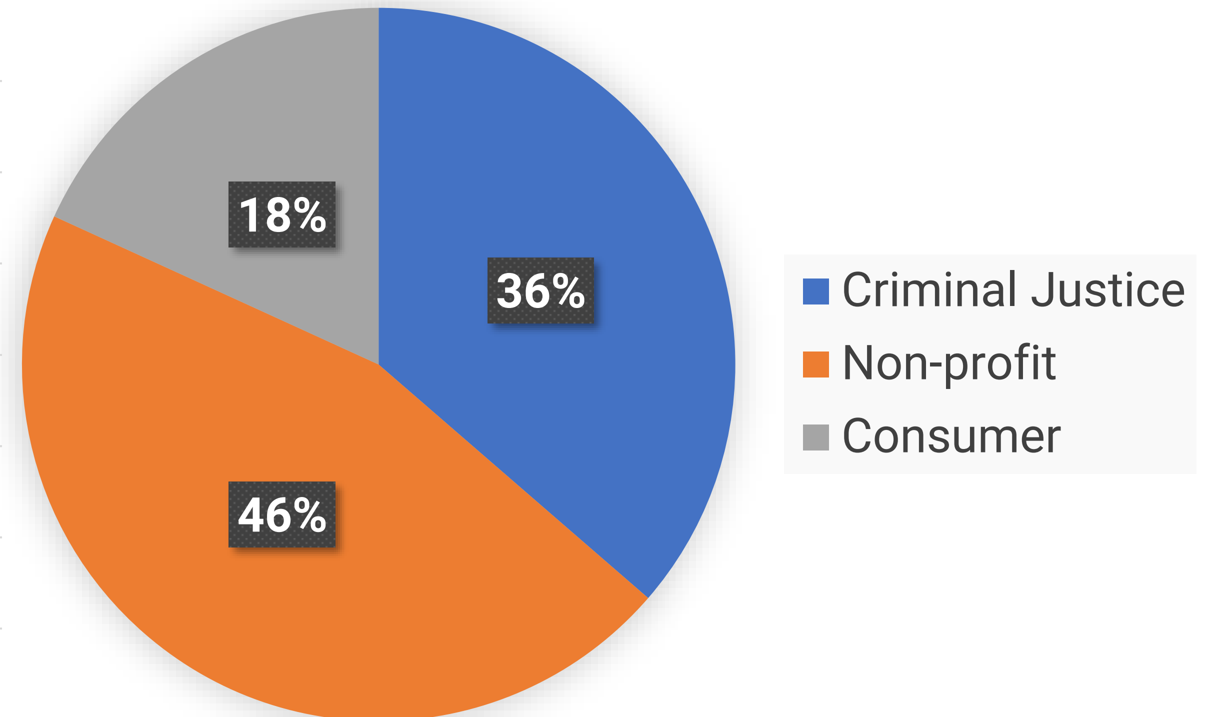
Community Response Teams

- Seed community response in lieu of law enforcement programs
- STAR program in Denver – started as pilot with $200,000 budget, currently at expansion phase is at $3.8M
- Denver is working with 14 Colorado communities to share best practices on program
- Allows law enforcement to preserve their resources for calls for service that involve a threat to the community
- STAR has responded to over 1600 calls with zero calls resulting in arrest or the needs for police

"This type of community response model would be transformational…Law enforcement agencies saw a as much as an 8% decrease in call volume, which allows police officers to focus on their primary role in communities – providing public safety" – law enforcement officer in County Sheriff's Office

Criminal Justice Survey Results





Criminal Justice Treatment/Re-Entry

Treatment in Criminal Justice Setting (n=10)

- Have BHA measure quality and fidelity of treatment
- Review CRS27-65 on court-ordered medications in jail setting
- Create large jail-based inpatient hospital setting
- Provide Medication assisted treatment in jails

Re-entry and Transitions to the Community (n=5)

- Fund case managers to connect incarcerated individuals with services
- Improve data sharing between jail and community partners

"Jails have become the most widely used locations for people suffering from mental illness and substance/alcohol abuse. This pushes funding to county governments that are already stretched."
-County sheriff

Harm Reduction (n=16)

Overdose prevention sites

- Address the state drug nuisance abatement law to allow for overdose prevention sites

Naloxone access

- Support bulk purchase, expand eligible entities

Allow onsite drug testing at harm reduction agencies

Funding for harm reduction services statewide

- Provide monetary incentive to county govts who have harm reduction
- Create start-up fund for rural/emerging syringe access programs

"Colorado's behavioral health service system needs a statewide network of outreach/harm reduction centers"

Rescind paraphernalia laws statewide

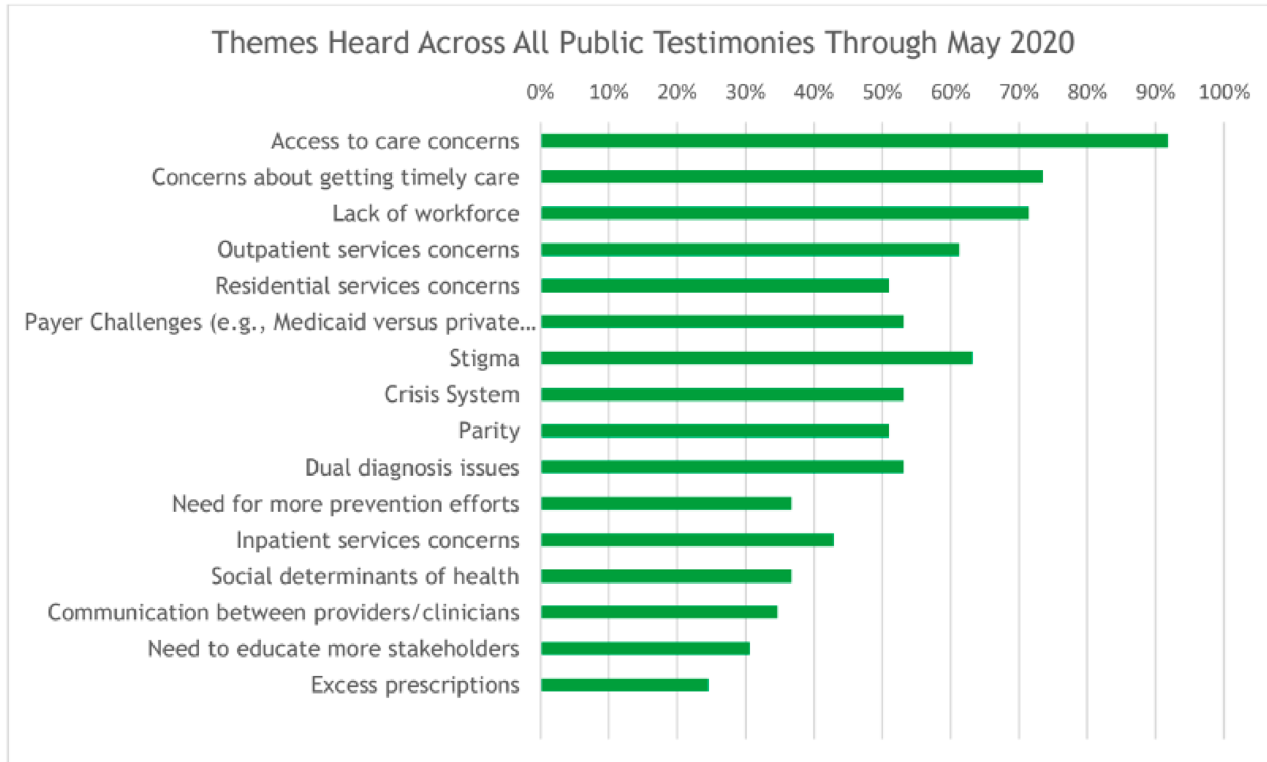
Funding harm reduction services on mobile health units

- Provide Hepatitis C and HIV screening, treatment, and referrals, syringe access, buprenorphine and methadone along with other services

"We are in the worst overdose crisis we have ever seen and frontline orgs are struggling!!!!" – Harm Reduction Action Center

"There is a wealth of evidence on the effectiveness of syringe access programs in reducing drug related harm, overdose, and connecting individuals to community resources. They do not increase crime, syringe litter, or enable additional initiation or increases in use. Colorado is losing a staggering amount of individuals to overdose each year…"

Behavioral Health Task Force Public Testimony Summary



* Note that "Children & Youth" were added to the survey as an option for the surveys starting in December 2019 and, thus, is not reflective of all responses.

- The top theme identified by survey respondents was Access to Care Concerns, with 92% response rate.
- Concerns About Getting Timely Care (73%) and Lack of Workforce (71%) were the next two ranking themes identified by survey respondents
- Other top concerns included:
  - Stigma
  - Outpatient services concerns
  - Crisis system
  - Dual diagnosis
  - Payer challenges

CCI Survey Results

- Gaps in Care Across the Continuum: Prevention & Early Intervention - supports for individuals before they reach a crisis or when recovery becomes more difficult.
- Treatment - includes counseling, detox centers, inpatient & outpatient substance abuse services and specialized psychotherapies
- Crisis Services - this category can include intensive treatment for children and adolescents, crisis counseling, therapeutic programs for children of all ages, suicide prevention lifelines, etc.
- Screening/Assessment/Case Management - strategies in this category would include efforts that evaluate a child/youth for the presence of a particular problem, defines the nature of the problem, determines a diagnosis and develop
- Crisis - services that help individuals deescalate and receive clinical support for a mental health or substance use problem.
- High Acuity - services for patients that present challenging behavioral health conditions and often cannot be addressed through community-based outpatient services. This choice includes funding for treatment bed

Acknowledgements

- To Colorado Counties Inc for sharing survey information
- To Governor's Behavioral Health Task Force for sharing focus group and survey information

Thank you to the 427 survey respondents who shared their time, energy and vision with the Legislative Task Force and Subpanel.

Included were:

- Individuals who were affiliated with over 250 organizations
- Numerous individuals directly impacted

Questions?

MENTAL HEALTH
COLORADO

Limitations

- This is a high-level overview; does not share detail of all submissions received
- Not a formal qualitative methodology; no formal intercoder reliability
- Survey was open for limited amount of time
- Questions may have been technical in nature, limiting capacity for people directly impacted to respond
- Short time frame for analysis; more thorough review can be available for work groups
- Limitations to ‘counts’ in qualitative analysis without intercoder reliability

About the Survey

- An easy-to-use electronic form and Word Form was developed and reviewed by Task Force Chair and Subpanel Chair
- Survey was shared via the Task Force legislative webpage, and by email from the Task Force Chair and Subpanel Chair
- Survey was forwarded to several large distribution lists, from both mental health and substance use sectors

Invitation to Submit Ideas for the Behavioral Health Transformational Task Force

Please submit your ideas by 5 p.m. on Sunday, August 29th.

The Behavioral Health Transformational Task Force, created in SB19-137 is tasked with issuing a report with recommendations to the General Assembly and the Governor on policies to create transformational change in the area of behavioral health using money the state receives from the federal American Rescue Plan Act (ARPA). The Legislature has set aside $450M for investments in behavioral health. The Task Force is asking for ideas to make transformational improvements to the behavioral health system in Colorado, which is inclusive of mental health and substance use, for people across the lifespan, including people with other co-occurring conditions. In particular, the Task Force wants to understand how funds can address the impacts of the COVID-19 pandemic.

Background information from the Behavioral Health Transformational Task Force

The Task Force describes "transformational" as.....

Additionally, the Task Force has established the following strategic pillars to drive where investments are made:
- Health Promotion and Recovery
- Entry and Access System
- Accountability and Transparency
- Workforce
- Affordability

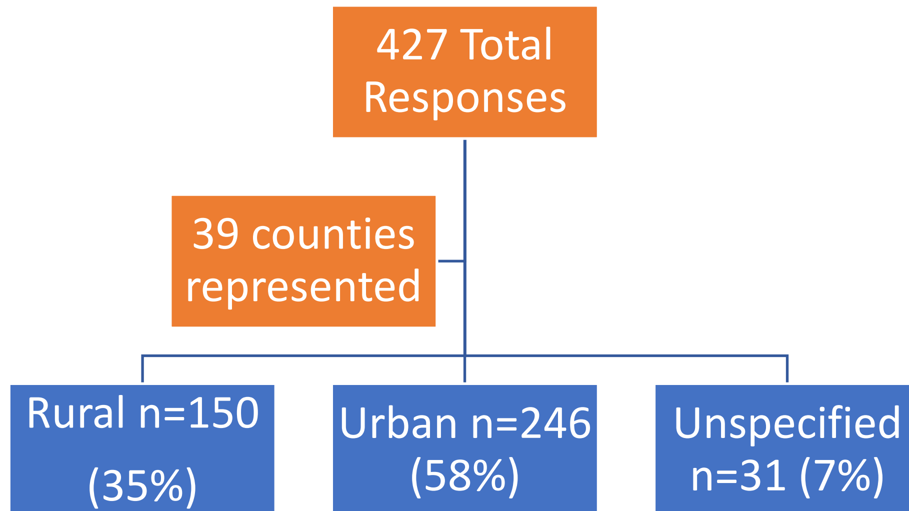
First Name *

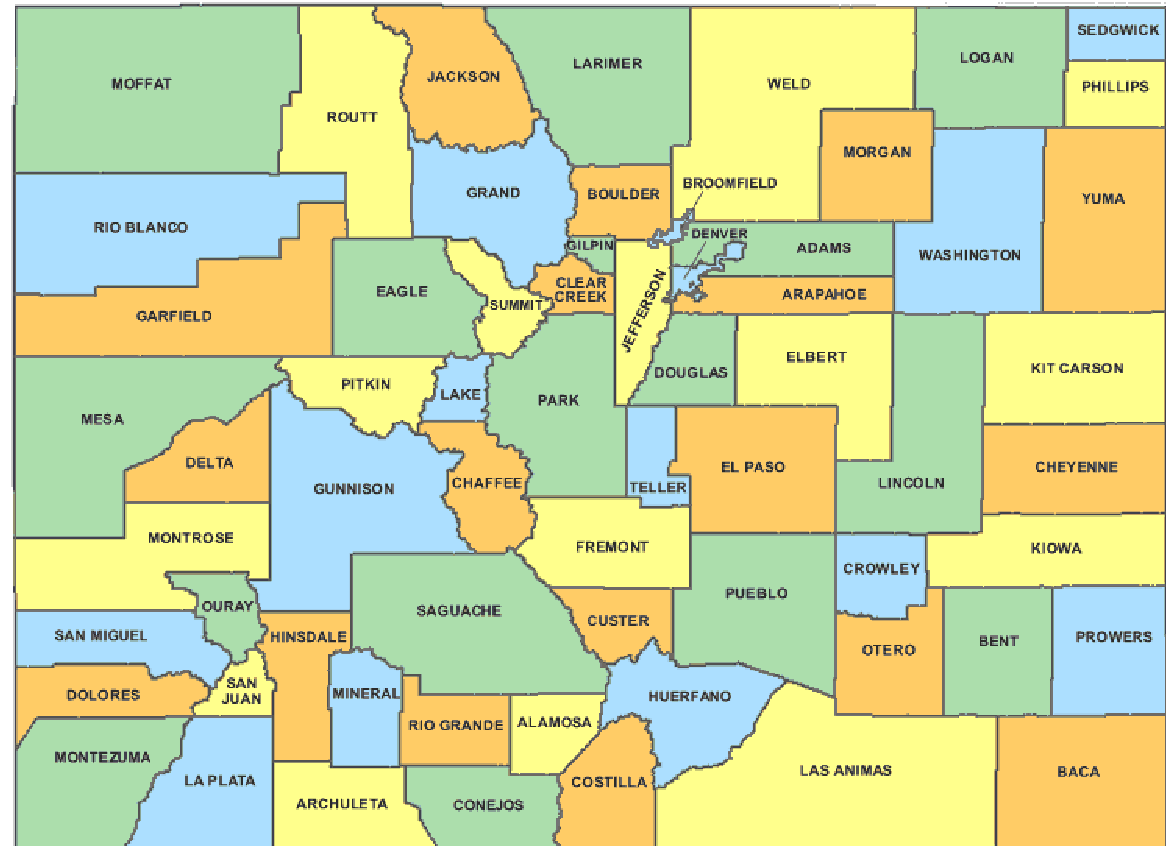
Short answer text

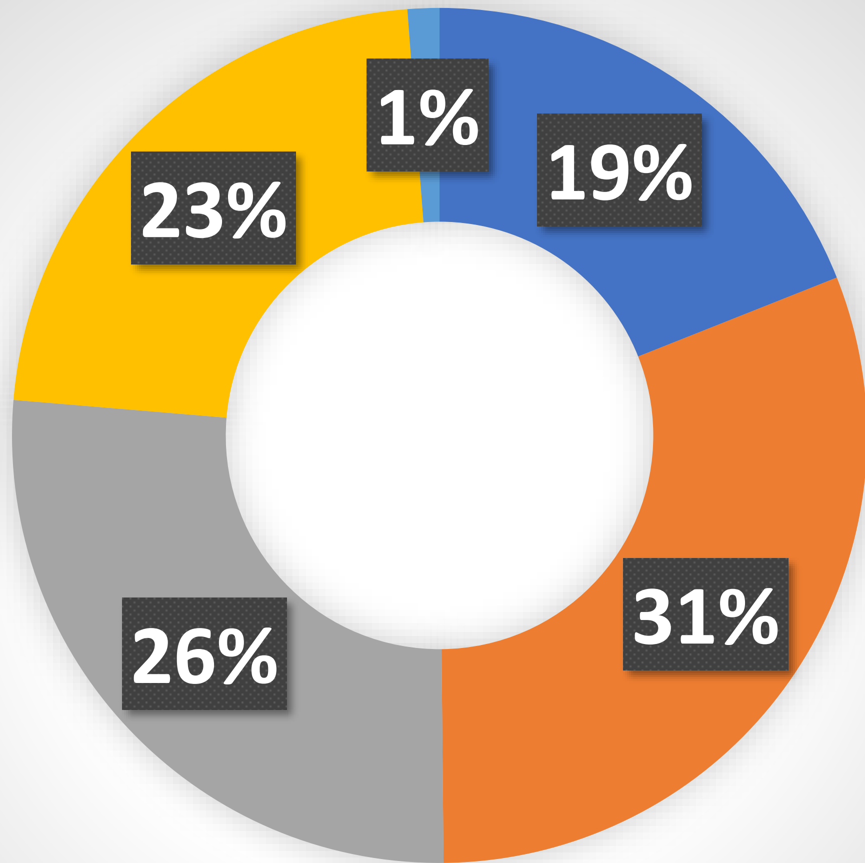
Questions Asked

- "If you had the ability and the right amount of funding, what is the one most important change you would make to the behavioral health service system in Colorado to make the biggest difference in the lives of people with mental health and substance use conditions?"
- Building off the previous question, what is your specific policy and/or funding recommendation to transform Colorado's behavioral health system?
- Does your recommendation address mental health, substance use or both?
- Does your recommendation include policy recommendations, funding recommendations, or both?
- How is your recommendation transformational or, does your recommendation address urgent needs related to COVID-19? If so, explain how.
- How does your recommendation address health equity or health disparities in the state?

Respondent Characteristics







Who Responded?

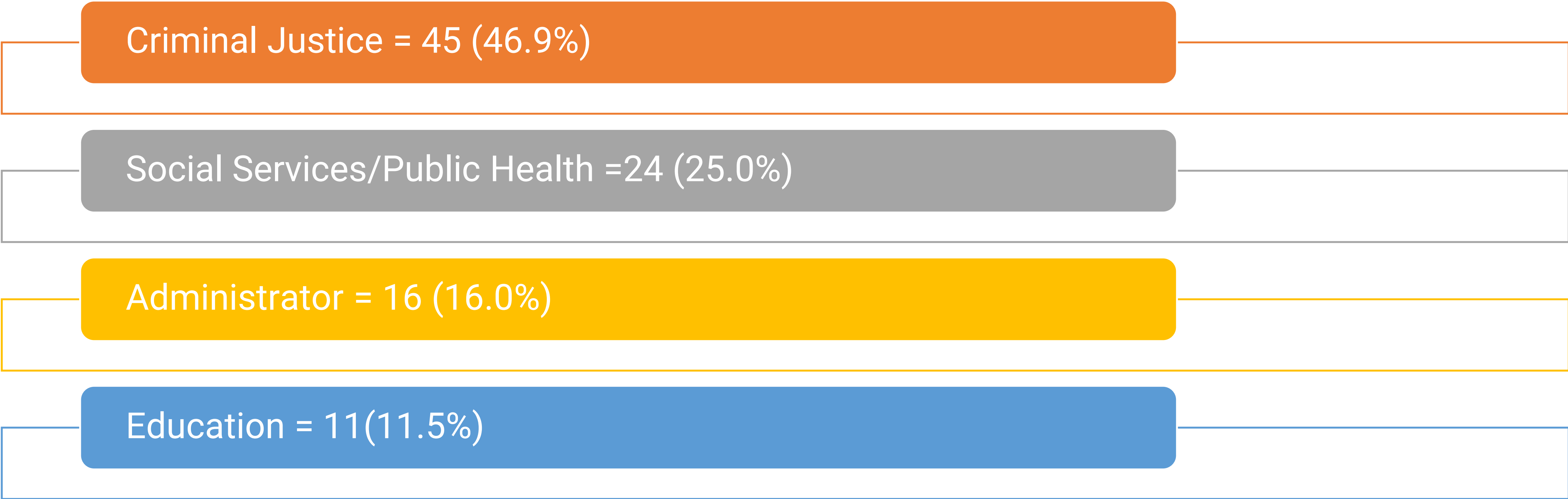
Responses came from a cross-range of sectors

Roughly 20% of respondents were affected individuals or individuals without an affiliation stated

Some individuals with an organizational affiliation also highlighted how they were impacted on a personal level

Responses will be analyzed for variation in themes by Respondent Type

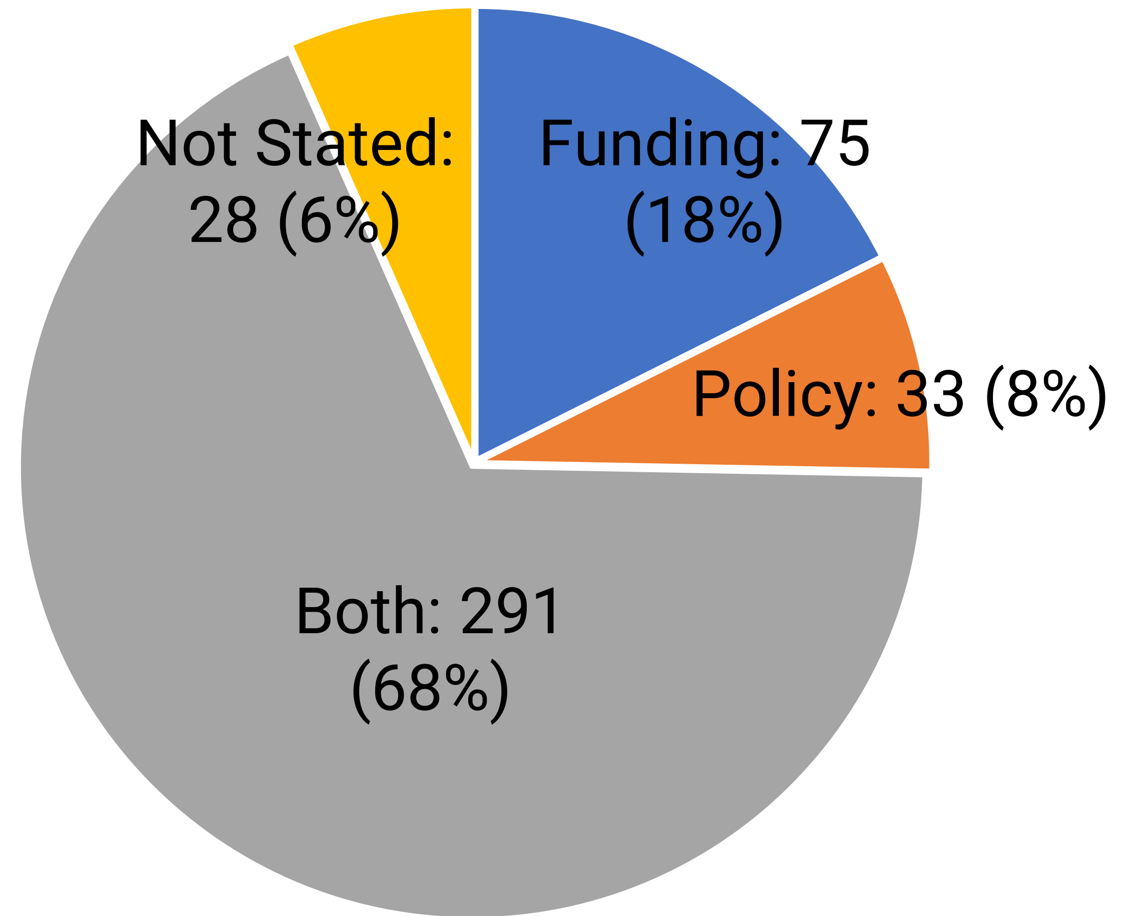
Further breakdown of Governmental Entity Respondents



*Of Note: **Criminal Justice**, was **largest respondent** of the Governmental Entities (this categorization includes Judicial, Public Safety, Corrections etc.)*

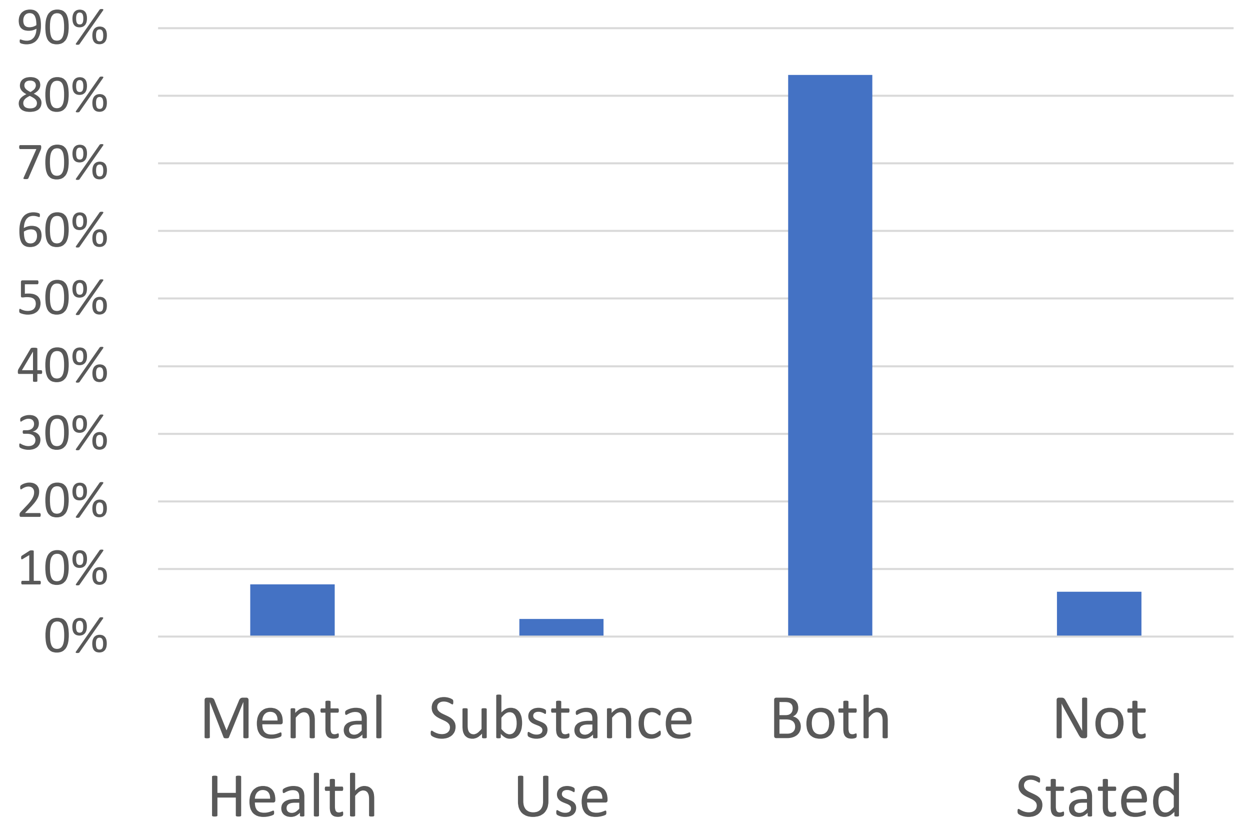
Proposal Characteristics:

Majority of proposals addressed both policy and funding needs



Area of Focus

Majority of respondents reported that their recommendations would address both mental health and substance use disorders, highlighting the importance of integrated care



How Will the Survey be Used:

- Incorporate perspective of individuals and organizations not represented on Subpanel or Task Force
- Identify subject matter experts and potential presenters
- Identify specific policy and funding recommendations
- Highlight additional sub-themes
- Identify areas of broad support amongst all sectors or geographic regions