

# Senate Bill 21-137 Implementation, COVID Impacts and Vision

## Presentation to the Behavioral Health Transformational Task Force

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**COLORADO**

Department of Human Services

\$10M to the Managed Service Organizations for increasing access to SUD treatment

Using existing MSO SOW and adding money through an amendment to all MSO contracts.

\$9M for a county-based behavioral health grant program

Working with counties on the development of the grant application and the selection process. RFA will be posted in the next few weeks.

\$5M for the crisis system, including statewide access for children and youth

Working with stakeholders to define the scope of the project and add to Administrative Services Organization contracts.

\$5M for Jail Based Behavioral Health Services

Allocating funding to the jails that will need to meet the requirements of HB 21-1211 around restrictive housing.

# SB21-137 Funding

The Colorado Department of Human Services, Office of Behavioral Health (OBH) will receive more than \$95 million in funding for behavioral health programs and services.

\$4M for a housing assistance program

SOW drafted and funds will be dispersed through MSOs to fund rent at Oxford Houses or certified recovery residences.

\$3.25M for Community Mental Health Centers

SOW has been drafted for CMHCs for unanticipated services and expenses related to COVID-19, including capacity and workforce building. To be executed in early October.

\$3M to the High-Risk Families Cash Fund

SOW has been edited in the existing MSO contract and will be in the October amendment. MSOs will disseminate as one-time allocations for capital to increase SUD treatment capacity.

\$2M for services provided to school-aged children and parents by CMHC school-based clinicians and prevention specialists

SOW has been drafted for the CMHC contract and will go into the contract amendment in October.

# SB21-137 Funding

The Colorado Department of Human Services, Office of Behavioral Health (OBH) will receive more than \$95 million in funding for behavioral health programs and services.

\$2M for behavioral health and substance use disorder treatment for children, youth, and their families

An SOW has been drafted for the MSO contract and will go into the contract amendment in October. We intend to fund care navigators for youth and are discussing the remainder of the funds.

\$1.6M for the recovery support services grant program

Funding will be added by amendment to MSO contracts with regional distribution. Following statutory language, priority will be given to RCOs serving BIPOC and LGBTQIA people. Additional \$ will prioritize indigenous populations in SW CO.

\$1M for a mental health awareness campaign

Executed contract with a marketing firm to create a COVID mental wellness campaign.

\$500k for community transition services for guardianship services

Added to Momentum (transition program) contract to help pay for guardianship services for people transitioning out of hospitals.

# SB21-137 Funding

The Colorado Department of Human Services, Office of Behavioral Health (OBH) will receive more than \$95 million in funding for behavioral health programs and services.

\$200k for recovery residence certification

Will select and fund a certifying body to hire staff to process certification applications from recovery residences and reduce the application costs to recovery residences. RFA will be posted in October.

\$200k for treatment and detoxification programs

Using existing MSO SOW and adding money for involuntary commitment services through an amendment to all MSO contracts.

\$50k for rural behavioral health vouchers

Farm Bureau has been selected by RFA to receive funds to offer targeted vouchers for farmers and ranchers. The contract should be executed in October.

Continuation of the Maternal and Child Health Program

Continuation of the program with University of Colorado indefinitely.

# SB21-137 Funding

The Colorado Department of Human Services, Office of Behavioral Health (OBH) will receive more than \$95 million in funding for behavioral health programs and services.

**Care coordination is a website and mobile application that serves as a centralized and cross-payer gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support.**

Next steps:

- 1) Convene working groups of diverse stakeholders to provide feedback and recommendations that inform the care coordination infrastructure.
- 2) Hire a facilitator for working groups and determine engagement plan and goals
- 3) Identify vendor to assist in user design process and design of care coordination gateway that incorporates the expertise of people with lived experience to streamline access, reduce stigma and improve client education
- 4) Assess need for additional funding

**SB21-137**

**Care Coordination**

**Creation of a workforce development program to increase the behavioral health care workforce's ability to treat individuals, including youth, with severe behavioral health disorders.**

- 1) Develop an online training system that allows for accessible statewide training opportunities.
- 2) Develop an online training curriculum for providers statewide to increase competencies in behavioral health disorders to support a high-quality, trained, culturally responsive, and diverse workforce.
- 3) With the Department of Higher Education, develop fiscal incentives for lower-income and rural individuals in behavioral health degree programs.
- 4) Provide training to the existing behavioral health care workforce to be certified in federally reimbursable services for Family First.
- 5) Provide capacity-building grants to diversify safety-net provider workforce in line with SB 19-222. This will follow our regional planning process.

**SB21-137**  
**Workforce**  
**Development**

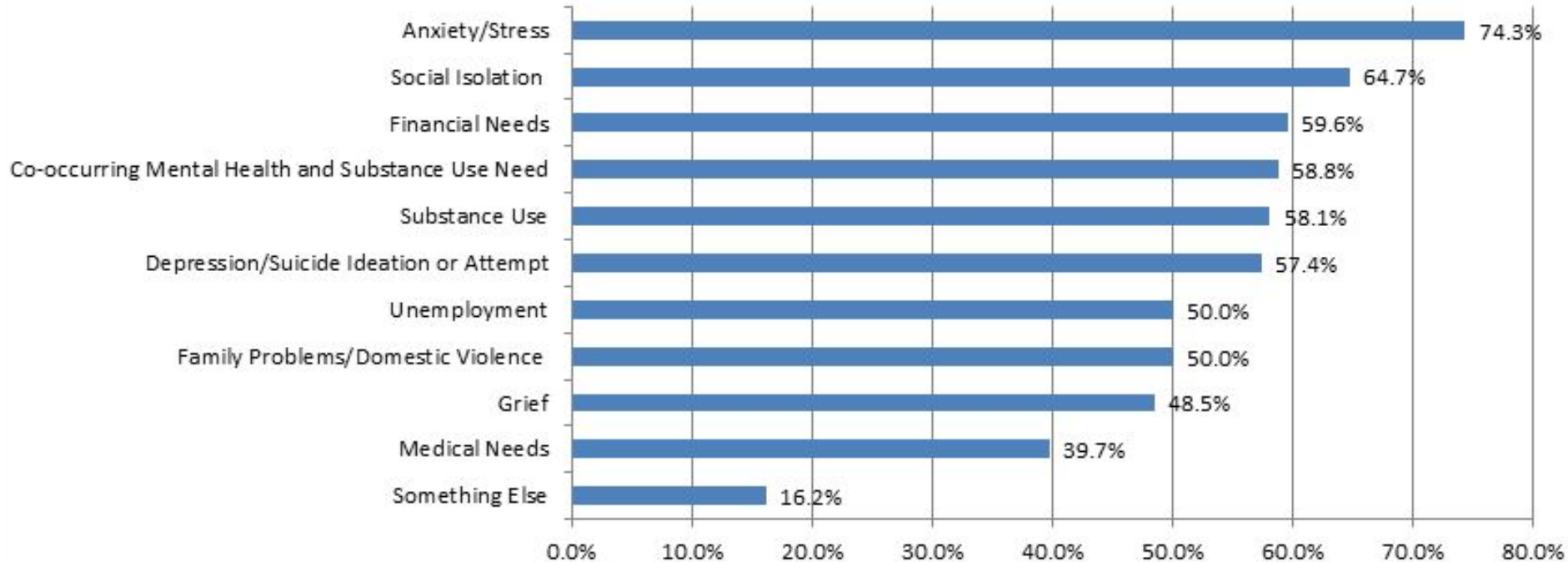
# COVID Impact on OBH Programs and Services

- Increased client barriers
- Health care workforce shortage
- Increased crisis line calls and mobile crisis
- Increased usage of telehealth
- Increased substance use
- Decreased SUD treatment admissions
- Increased usage of medication-assisted treatment
- Increased referrals for competency services
- Increased waitlist at Mental Health Institutes



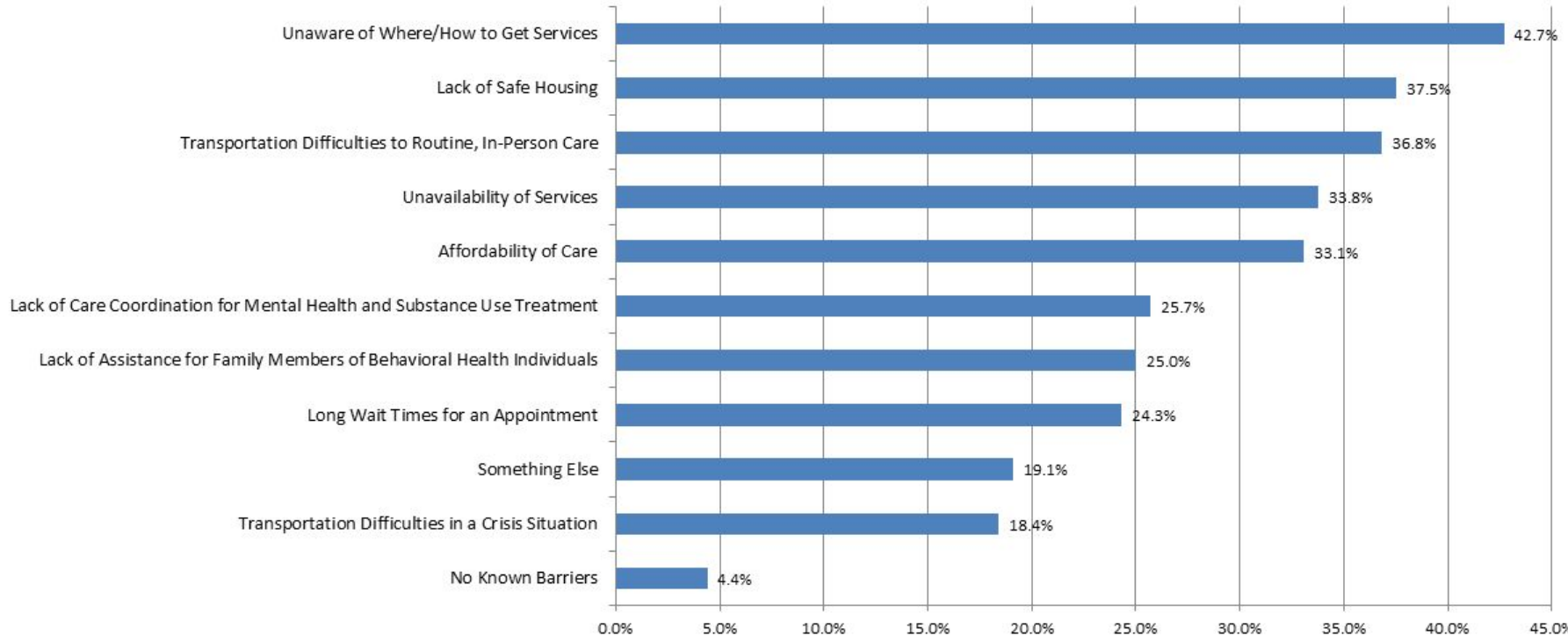
# COVID Impact on Community Behavioral Health

## Client Stressors Due to COVID-19 Crisis as Identified by Provider Survey



# COVID Impact on Community Behavioral Health

## Client Barriers to Accessing Behavioral Health Services During COVID-19 as Identified by Provider Survey



# Colorado Crisis Line Data

Calendar Year	Calls	Texts	Total Volume	Percent Change
2018	152,681	9,883	162,564	
2019	161,759	16,668	178,427	+10% from 2018
2020	202,190	21,552	223,742	+25% from 2019
2021*	113,148	15,991	129,139	

**37%** increase in volume during pandemic

*\*Preliminary data as of June 30, 2021*

Throughout the pandemic, **anxiety, depression, thoughts of suicide and information gathering** (provider availability, coaching on coping strategies, etc.) have remained top reasons for contacting the hotline.

# Mobile Crisis Services

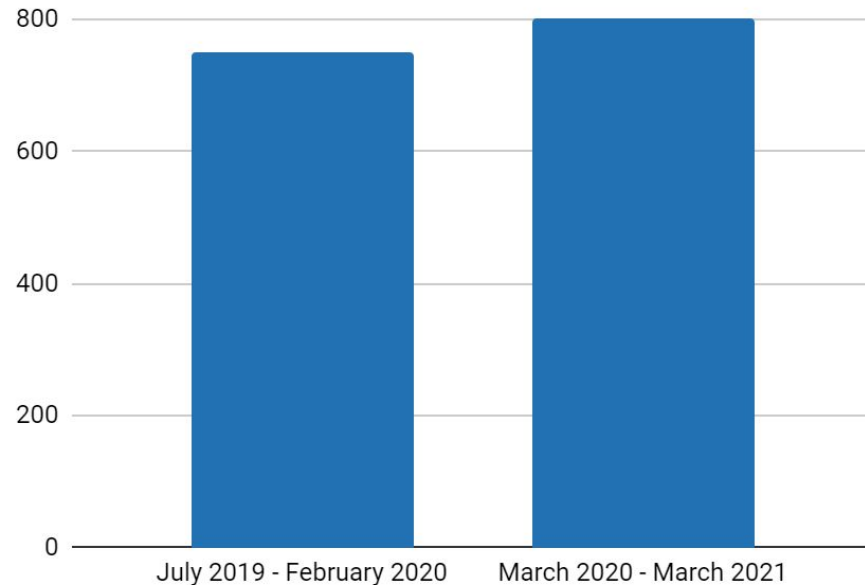
When speaking with a caller, a Colorado Crisis Services crisis specialist may determine that the best intervention requires face-to-face interaction and request a mobile crisis clinician meet the individual in their community. A mobile clinician may travel to a variety of locations (schools, homes, churches, etc.), including a discrete location of the caller's choosing.

**Mobile crisis services  
increased**

**70%**

during the pandemic

**Average Mobile Crisis Services Statewide Per Month**



# Total number of mental health services

## Fiscal Year

**1.97 million** in FY 19-20

**2.03 million\*** in FY 20-21

*\*Preliminary data*

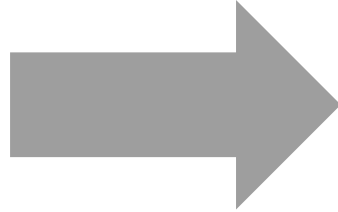
# Mental health telehealth data

The proportion of statewide mental health services delivered via telehealth in Colorado's publicly-funded behavioral health system jumped

from about

to

**10%**



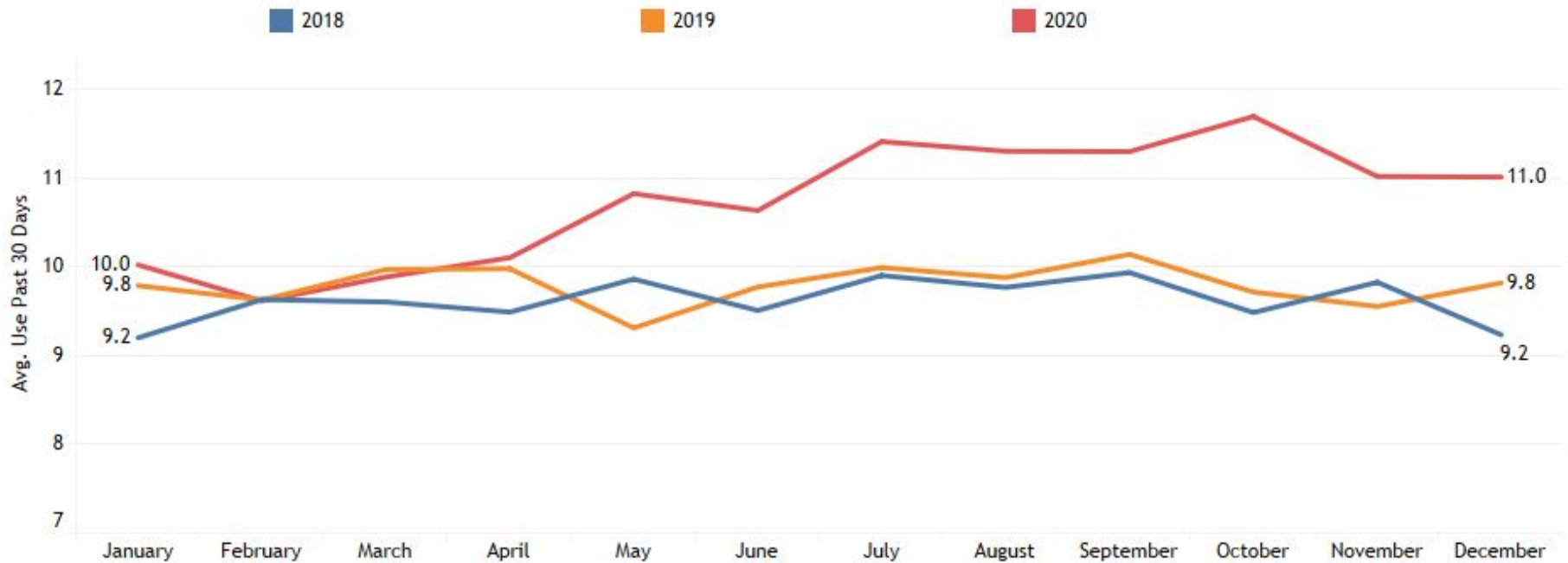
**62%**

**Before the  
pandemic** *July 2019  
through February  
2020*

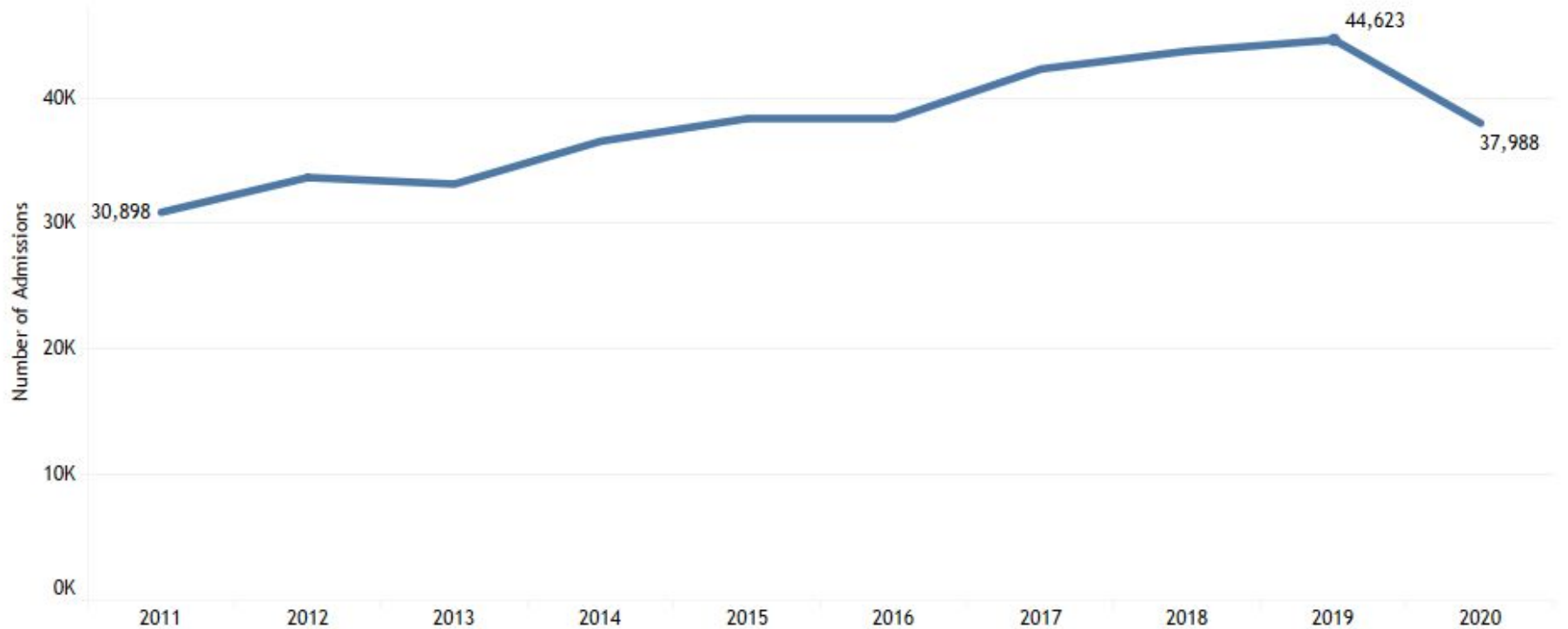
**During the pandemic**  
*March 2020 through  
June 2021*

# Increased substance use during COVID

## Average number of use days of the last 30 days



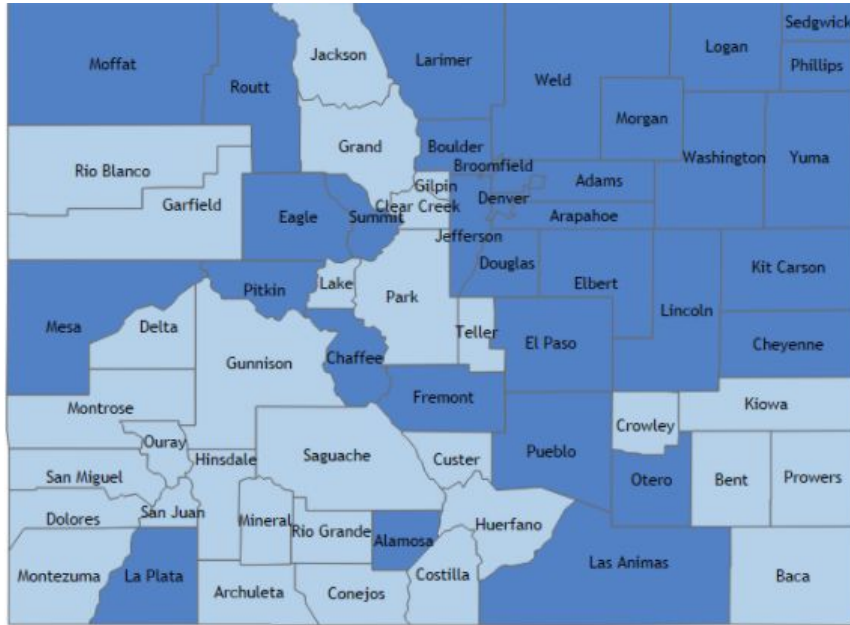
# SUD treatment admissions data





# Medication-Assisted Treatment

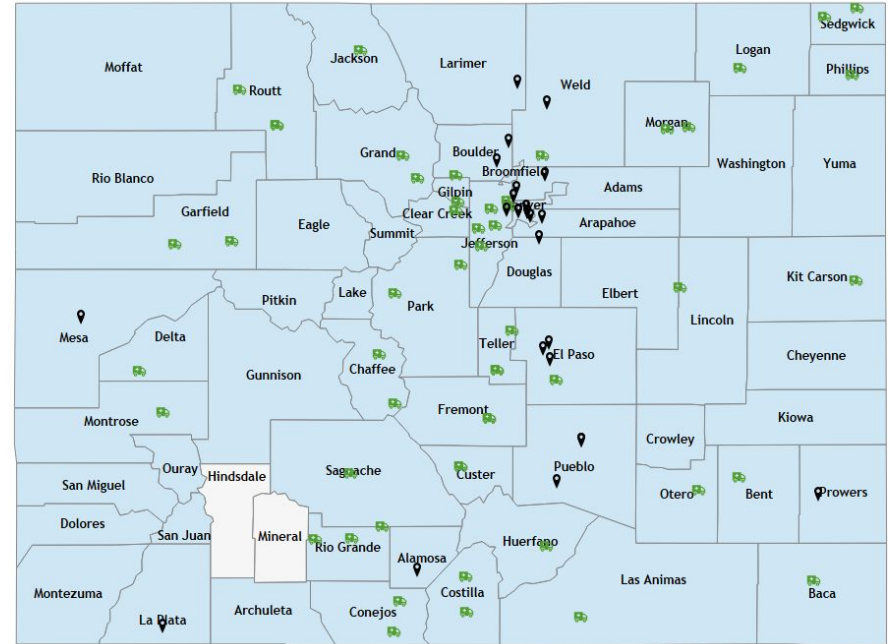
## MAT Provider Availability by County 2017



Legend

□ No MAT Services    ■ MAT Services Available

## MAT Provider Availability by County 2021

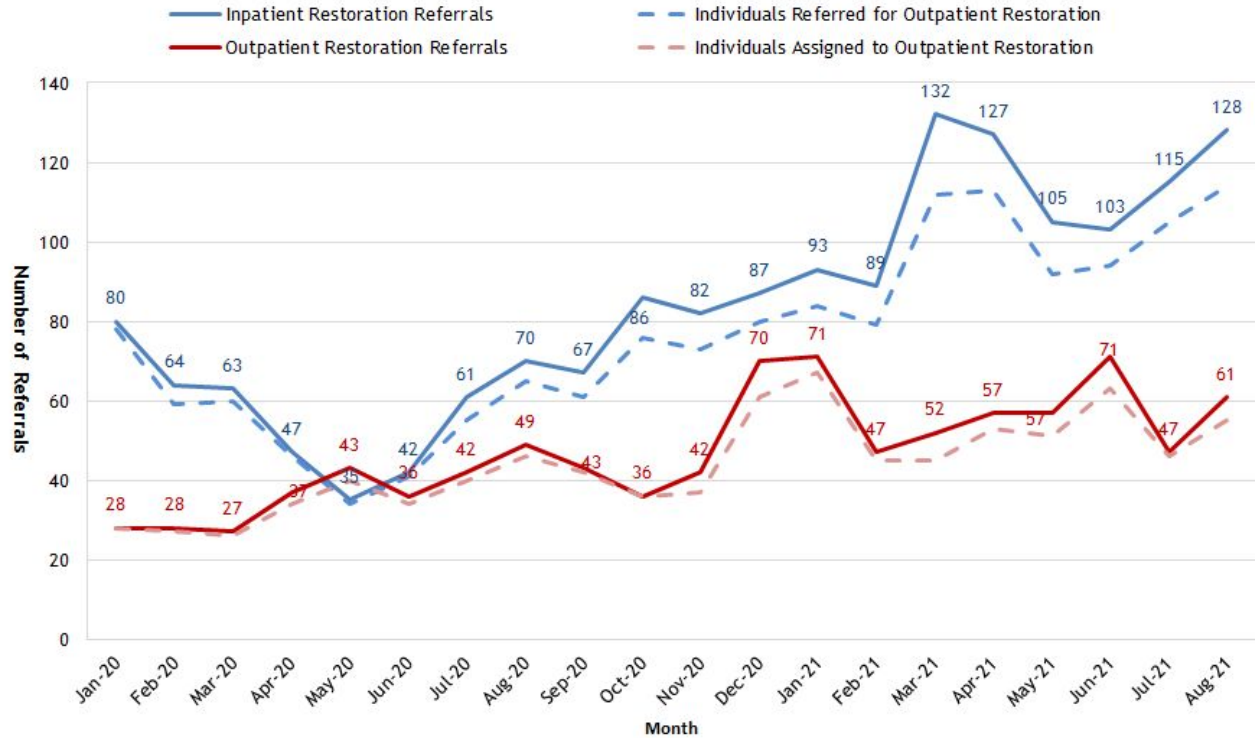


□ MAT Available (Waivered Provider, Telemedicine, or MHU)    ■ No MAT Provider  
🚚 Mobile Health Unit (MHU) Stop    📍 Opioid Treatment Program (OTP)

31 counties without MAT → to 2 counties

# Forensic Services

This month, we have **329 individuals** on the waitlist for inpatient restoration or inpatient competency evaluations. The waitlist had **40 individuals** in March 2020 before the pandemic.



# SB 19-222 Vision

## Consumer Care Navigation and Coordination Gateway

