



Behavioral Health in Colorado: Putting People First



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Presentation Agenda

- Colorado's Behavioral Health Needs
- Overview of the Behavioral Health System
- Progress to Date
- Remaining Systemic Gaps in Care

Behavioral Health: the term encompasses both Substance Use Disorder (SUD) and Mental Health (MH) prevention, treatment and recovery.



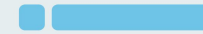
1 in 5 Coloradans has Behavioral Health Needs, and in 2020 Colorado ranked #47 by MHA* for prevalence and access to care

- The highest intensity patients (1%) represent 25-30% of our overall health care expenditures.
- And 5% of the population is responsible for 50% of total costs
- Three Coloradans die every day from suicide. Contributing factors:
 - 38% involved alcohol
 - Less than half had ever received care for mental health concern
 - Economics: jobs and housing

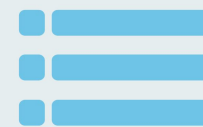
* Mental Health America



26.9% OF COLORADO ADULTS SAID THAT THEY, A LOVED ONE, OR A CLOSE FRIEND HAVE BEEN **ADDICTED TO ALCOHOL OR DRUGS** IN THEIR LIFETIME²



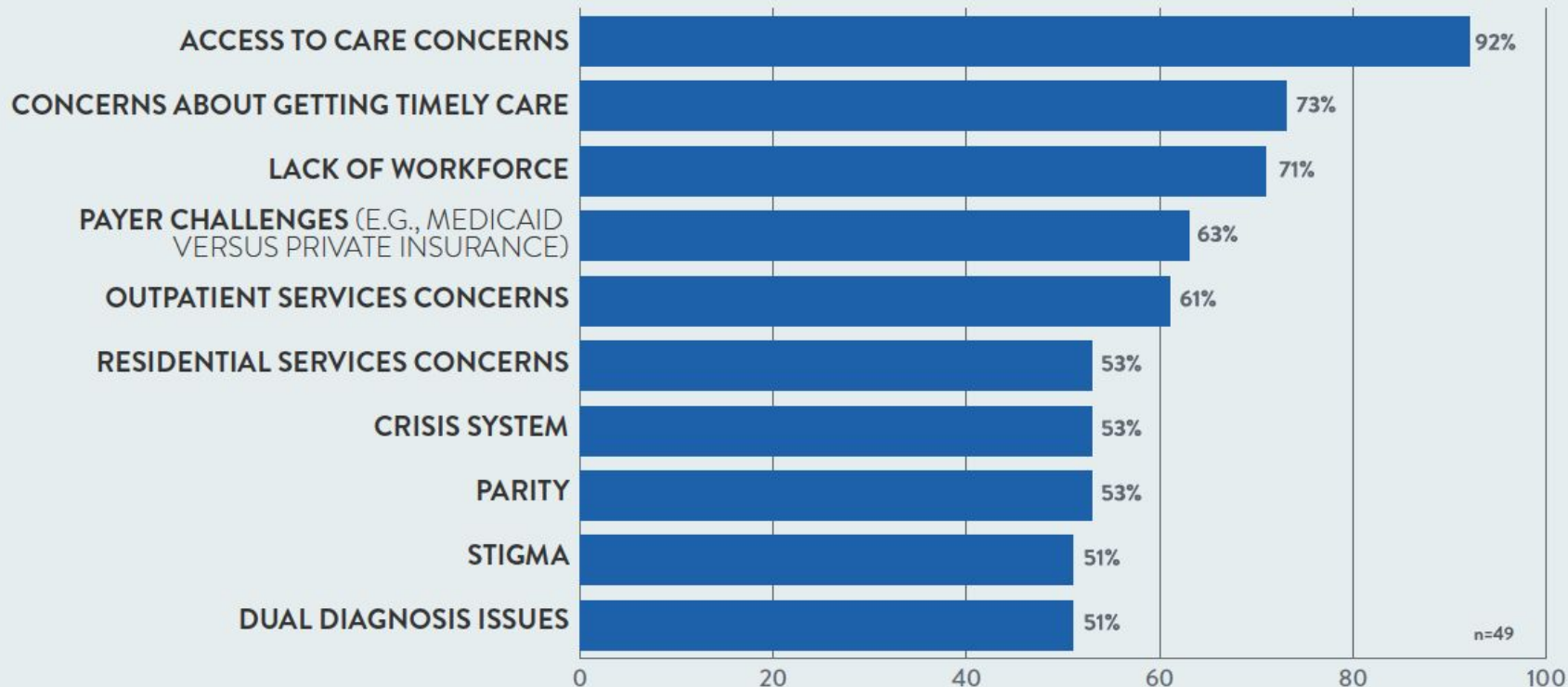
COLORADO CONSISTENTLY RANKS IN THE **TOP 10**



FOR **HIGHEST SUICIDE MORTALITY RATES**⁴



Themes Behavioral Health Task Force Members Heard from Coloradans Who Shared Their Stories



In 2020, Colorado had \$1.5B in public behavioral health dollars across 9 agencies and over 100 programs

Medicaid (HCPF, Colorado's largest insurer)

State Government - General Fund

Federal Government

Local Government

Private Insurance (DOI)

Private Philanthropy

Out-of-Pocket

Other



We have been trying to fill gaps as they arise



2020 Needs Assessment Identified Systematic Gaps in the Continuum

- **Workforce**, the number of workers and the level of expertise need support
- **“Middle is Missing,”** in that not enough between Outpatient and Crisis
- **Need more co-located services**
- **Inpatient and higher levels of care**
 - Flexibility to build/adapt for each community
 - Civil beds and long-term stabilization
 - Youth and Adult both have needs here
- **Transitional programs and housing** (recovery and sober living)
- **Medication Assisted Treatment** in some areas
- **Intensive outpatient** for mental health and SUD



Mental Health Gaps in the Continuum



EMERGENCY

- Emergency Rooms
- Police Response
- Crisis services

Inpatient Hospital

- Private Psych Hospitals, limited by payer
- State MHIs
- Long term civil beds: 94 exist, 465 estimated need
- Forensic beds for incompetent to proceed

Residential Step Down

- Regional Centers (adult with DD only)
- No facilities fit for adults coming out of long-term civil beds
- Some group homes (children and youth)
- No facilities for youth with co-occurring DD (neuro-psych)

High Intensity Community

- CMHCs cover outpatient high intensity services
- Not enough wrap around care for youth or adults
- Few partial hospitalization or intensive outpatient

Community Level Care

- Outpatient therapy access limited by payer
- Progress in integrated BH and physical health care, need more
- Forensic outpatient education, restoration to competency

“The Middle is Missing”

- People are still slipping through the cracks in transition services between care
- Need more services between the crisis/emergency and the standard outpatient services

Substance Use Gaps in the Continuum



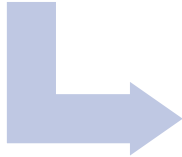
EMERGENCY



**Inpatient
Hospital &
Detox**

- Very few hospitals have inpatient SUD
- Seeing growth but need more SUD beds
- Detox is mostly only available on I-25 or 1-70 corridor, jails and EDs are often the 2nd choice

- Emergency Rooms
- Police and Co-Responder models are working
- Crisis services are more MH focused

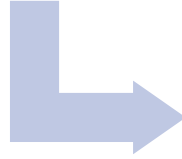


**Residential
Step Down**

- Need more housing for people w/criminal justice history
- Peer-run recovery housing has minimal funding

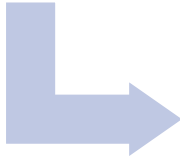
Gaps for entire populations

- Many rural communities have entire sections missing
- Early treatment for youth and adolescents essential to disrupt paths of addiction
- Recovery services are essential to prevent relapse, should be connected to treatment



**High
Intensity
Community**

- CMHCs cover outpatient high intensity services
- Not enough wrap around care for youth or adults
- Few partial hospitalization or intensive outpatient programs statewide

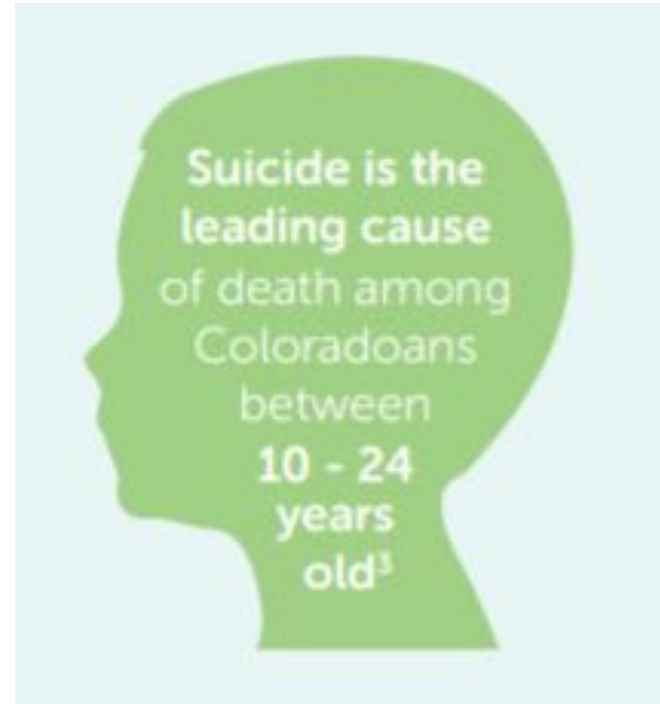


**Adult
Outpatient
Youth
Outpatient**

- Outpatient therapy access limited by payer/network
- Integrated primary care more MH than SUD or co-occurring
- Need more MAT, integrated care

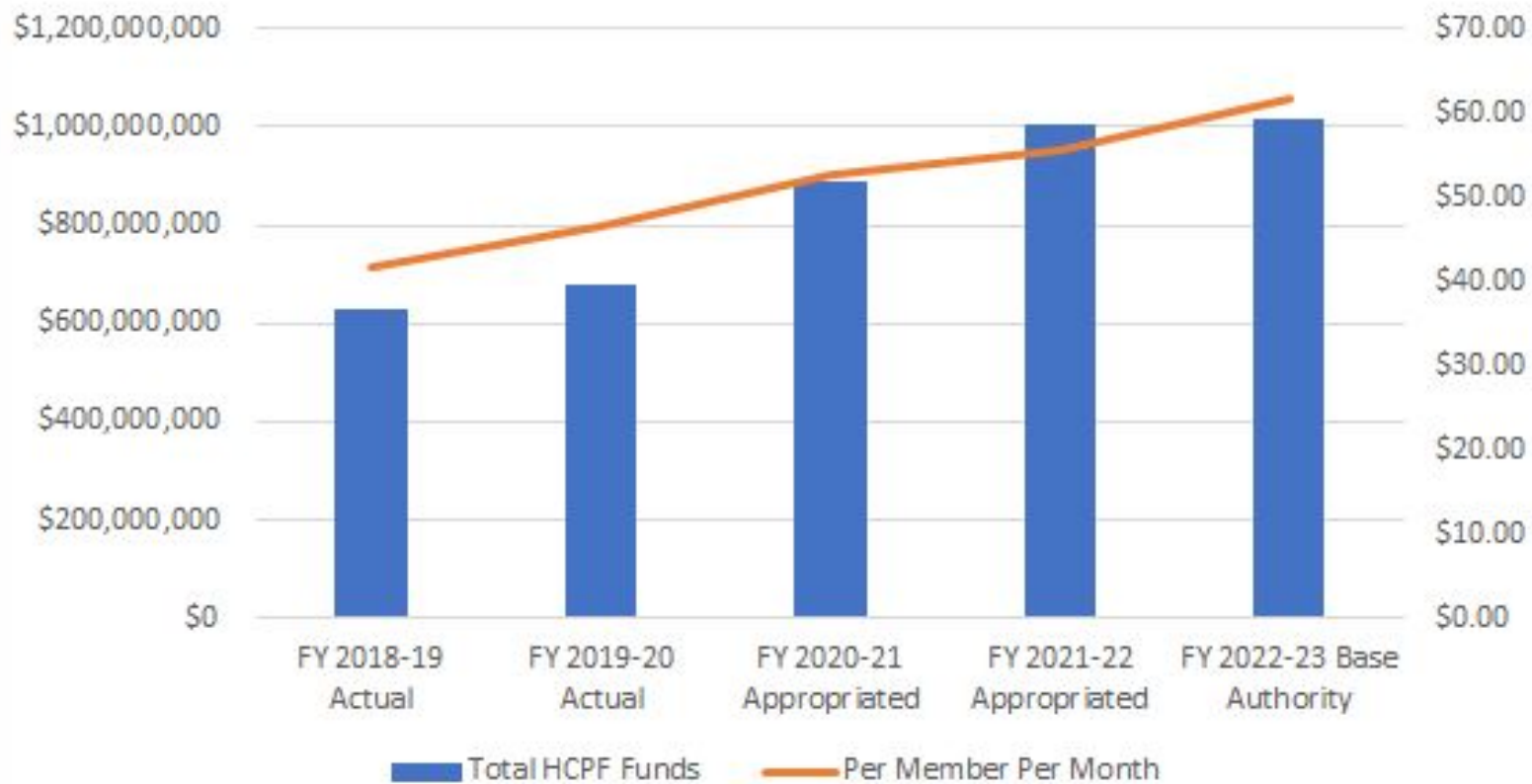
While the gaps impact everyone, solutions need to consider health equity and specific populations

- Most Colorado regions lack adequate bilingual and bicultural providers & services.
- Black people are only 50 percent as likely to receive BH care compared to White people, and Hispanic people are 60 percent as likely.
- 42% of LGBTQ youth seriously considered suicide in the past year
- 16% of Colorado BH providers said they would deny services a developmental disability
- 60% of ED visits on the Western Slope were due to alcohol
- Early mortality is 90 percent higher for native populations than for other races, with alcohol misuse as the largest contributing factor



Brummet, Fine, Hindman, & Myers; Office of Suicide Prevention in Colorado, Annual Report FY 2016-2017 (2017)

HCPF Behavioral Health Funding 2018-2023



Additional State and Federal Investments

Interim Opioid Task Force



Opioid Settlement



Local Investments



Federal Opioid Grants



SB21-137, \$112M investment for FY 2021-22 across a wide range of behavioral health services and supports

Prevention: \$3.25M	Care coordination : \$26M	Workforce: \$21.7M	MH and SUD Treatment \$32.38M	Recovery services: \$5.8M	Rural supports: \$3.95M	Children and youth: \$18.5M
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Local Community Investments, How Can We Align?

6-Month Experiment Replacing Denver Police With Mental Health Teams Dubbed A Success



CPR News

As mountain suicides soar, Vail Health is committing \$60 million to mental care in Eagle County



CSU to invest millions in rural Colorado, funding 4-H for seniors, mental health resources for farmers and 5G

Larimer County distributes \$2.4 million in grants for behavioral health programs

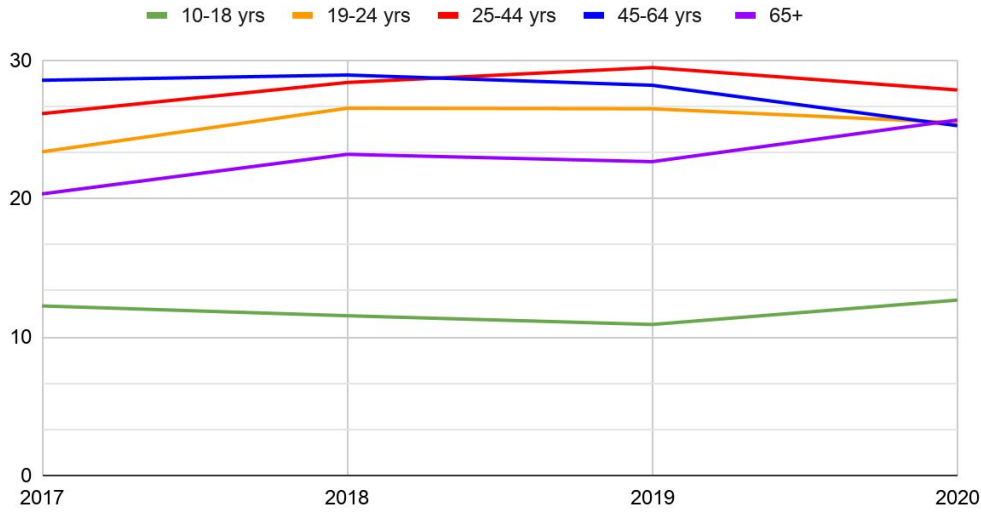
UCHealth launches \$100M initiative to combat Colorado mental health crisis coloradopolitics

[Kevin Duggan](#) Fort Collins Coloradoan

Stephanie Earls, The Gazette Sep 4, 2019 Updated Nov 2, 2020 0

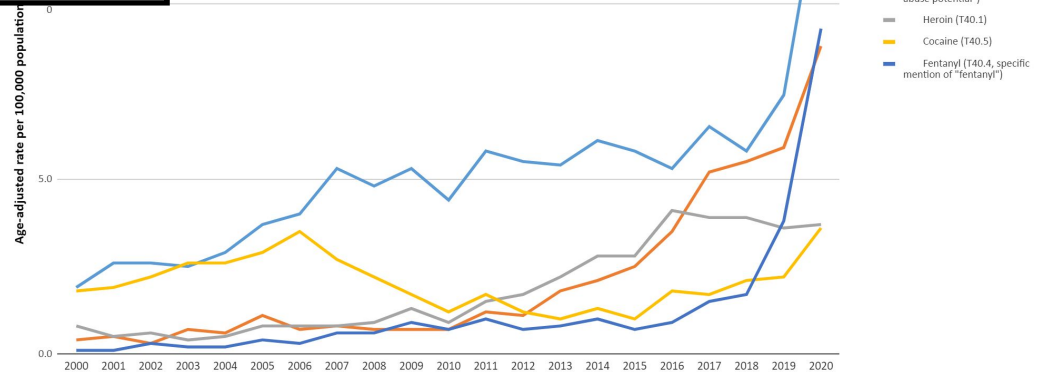


Suicide Rates across age groups, 2017-2020



We have invested, but there is more to be done...

Adjusted rates of drug overdose deaths by substances mentioned: Colorado residents, 2000-2020



Opportunities for Transformation

- There are significant gaps in the system
- The decisions we make on how to leverage the \$450M could be transformational by filling these gaps
- Together, we have the opportunity to help build a set of recommendations that will lead to transformation

