

Sustainable Funding, Affordability, and Payer Systems

3 Preliminary Draft Recommendations

This set of recommendations focus on sustainability through:

1. assisting organizations with grant writing to obtain state, federal and private foundation funds to help with annoying funding, some of which could be leveraged with ARPA funds and opioid settlement dollars
2. reducing administrative burden to improve capacity for the ongoing delivery of services, and
3. helping community-based organization sustain their services in the midst of increased demand for behavioral services due to the COVID-19 pandemic.

1. Fund the Grant Writing Assistance Program for Mental Health and Substance Use Disorder Prevention, Harm Reduction, Treatment and Recovery (Funding)

A. Significant amount of dollars will come to the state of Colorado between now and December 2026. Organizations with in-house grant writing or resources to hire a grant writer will have the advantage for drawing down grants from state, federal and private foundation sources. The Grant Writing Assistance Program ensures that smaller organizations with fewer resources, particularly serving rural and underserved communities, would have equitable access to state and federal funding opportunities.

Recommended funding: \$800,000

2. Decrease administrative burden: Promote rapid access and increase the existing workforce capacity through reduced administrative burden. (Policy and Funding)

A. **Policy Recommendation:** Immediately implement a one-year waiver on these requirements to allow safety net providers to expand access to care. Require OBH to utilize the year reprieve from data collection to create a process that reduces the magnitude of the requirements. Immediately amend current contracts with this new waiver and rewrite rules within a one-year period.

1. **Phase One:** Adopt the current 6-visit model used by primary care practices for behavioral health in the Community Mental Health Centers:
 - For the first six visits in the Community Mental Health Center behavioral health safety net, eliminate all use of CCAR/DACODS, Interstate

Compact, Infectious Disease Screening and other cumbersome intake processes.

- Eliminate or significantly reconfigure the requirement to “open” and “close” clients after 90 days of inactivity and allow clients to be considered open for up to 2 years without a service
- After 6 visits, if a client is still engaged with care: replace the CCAR/DACODS with a streamlined behavioral health screening and assessment tool with data that can be pulled from the electronic health record, not separately documented, recorded and filed.

2. **Phase Two:** Create a streamlined process for collecting a limited data set of client information for those who need ongoing care that lasts beyond the six visits.

Recommended funding: \$2-5 million

3. Build capacity for community based organizations to offer sustainable provision of behavioral health services to meet immediate needs (Funding)

- A. Support the behavioral health work of community-based organizations, by building capacity for sustainability to meet the immediate behavioral health needs of people served.
 1. Community based organizations often have relationships in the community that local governments do not have.
 2. Community-based organizations serve hard-to-reach groups that do not readily access primary care or community mental health centers.
 3. Community-based organizations have been shown to provide culturally reflective and community responsive care particularly to the targeted groups they serve, whether it is through rural serving organizations, organizations serving ethnic or cultural minorities, domestic violence providers, faith-based organizations, LGBTQ+ organizations, or homeless service providers, youth serving organizations etc.
 4. Community-based organizations may work with at-risk groups before a diagnosable condition is identified.
- B. Funds could be used for capacity building, facility improvement, technological upgrades, evaluation, consultation services etc., for the means of enhancing financial sustainability, increasing capacity to access grant contracts, or improving ability to utilize value-based reimbursement.
- C. Locating behavioral health services in the places where people are already connected reduces barriers and increases access to meaningful support and intervention. Having behavioral health resources available "as needed" and on-site where people have established connections allows for earlier interventions and upstream support.

D. Partnership with counties, local government, community mental health centers and regional groups is highly encouraged. Recipients are recommended to connect with both the Opioid Settlement Regional Advisory Councils to identify how work could complement opioid settlement funds. Recipients are recommended to connect with county recipients of the County Behavioral Health Grant program to identify opportunities for collaboration.

Recommended Funding: \$30-40 million