

Crisis Intervention and Potential Solutions

Presentation to the Behavioral Health Transformational Task Force

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COLORADO

Department of Human Services

Colorado's Behavioral Health Needs

Goal: Ensure Coloradans have access to appropriate continuum of care.

What we have now is a patchwork system that results in people either not getting the care they need or getting care in inappropriate settings: For example, people are in hospitals when they should be in the community, in the community when they should be in residential treatment or group homes, in jail because there are no intermediate treatment facilities, or out of state when they should be in state.

Colorado Crisis Line Data

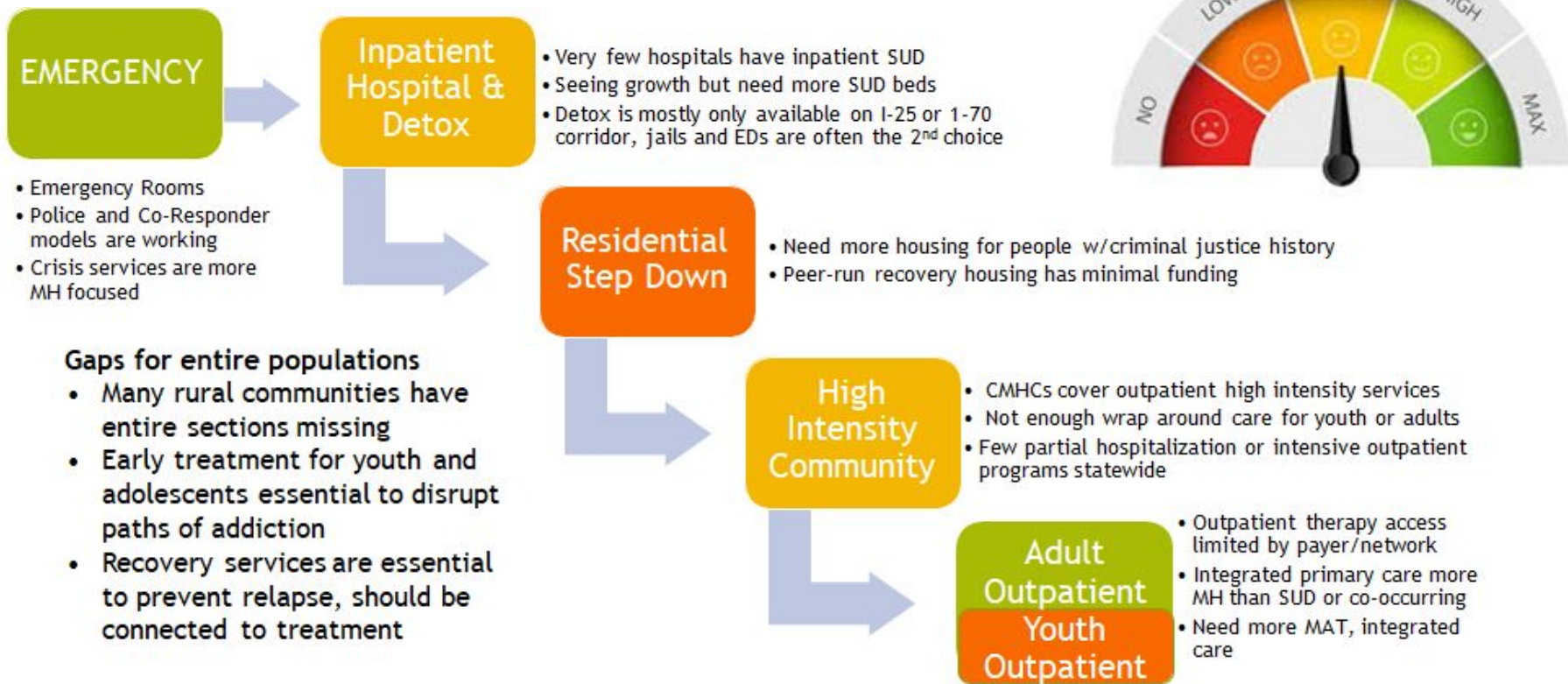
Calendar Year	Calls	Texts	Total Volume	Percent Change
2018	152,681	9,883	162,564	
2019	161,759	16,668	178,427	+10% from 2018
2020	202,190	21,552	223,742	+25% from 2019
2021*	113,148	15,991	129,139	

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.

Substance Use Gaps in the Continuum



Investments in SUD Services

- \$95.3 million from SAMHSA since May 2017 to address the opioid crisis statewide
- \$50.5 million for substance use services in block grant stimulus
- Opioid and Other Substance Use Disorders Committee Bills
- House Bill 19-1287 Rural SUD Grant Program
- Senate Bill 21-137 funding
- House Bill 20-1411 funding
- House Bill 21-1021 Peer Support

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

Need for Both Residential and Inpatient Psychiatric Beds in Colorado

Studies

Studies conducted over the past several years have identified a shortage in the number of beds in Colorado for behavioral health services

Current State

CDHS operated 596 inpatient beds as of 2019. Since 2019, CDHS has constructed 24 additional beds for forensic services (competency evaluation and restoration services) at CMHIP and construction is underway for an additional 44 beds at CMHIFL in 2022. (Total project 664 beds)

US Average

The US average number of beds for state psychiatric beds per resident would require Colorado to provide 734 beds

Western States Average

The average number of beds for for state psychiatric beds per resident compared to Colorado surrounding states would require 920 beds

Waitlist

A study by WICHE determined that Colorado will need 1,125 beds by 2025 to account for population growth and unmet need resulting in a waitlist.

Need for Behavioral Health Beds for Youth

Youth are waiting in emergency rooms for beds, are unable to step down from inpatient settings at Children's and are being sent out of state. We also hear regularly from advocacy groups and providers that the state does not have enough beds.

Current:

- CDHS operates 20 youth inpatient forensic beds at CMHIP
- CDHS provides services to youth suffering from behavioral health issues in DYS throughout its 13 facilities
- 20 beds were added through SB 137 this year.

Need:

- A neuropsych facility in CO so we no longer need to send youth requiring these services out of state
- To serve DYS youth suffering from behavioral health issues in an environment conducive to their needs, and not in the general population of DYS

Capacity Needs for Youth

	Community Services	Low level residential (QRTP)	Psychiatric Residential Treatment Facility	Inpatient Psychiatric Care
Psychiatric only				
Psych & Intellectual and Developmental Disabilities				
Psych & Medical				
Psych & Juvenile Justice				



Momentum Program

Supports the transition of children and adults from inpatient mental health institutes, hospitals, home and other care settings to community living

321 adults, 159 youth served in FY 20-21

58 adults, 44 youth currently on waitlist

Momentum Program

Top 5 things we fund for youth

1. Residential/Placement assistance: travel to placements for family, pay for benefits/waivers until approved, and room/board
2. Training and Education: Vocational training and rehab; living skills training; academic education; education materials; career expenses; school records; school supports; tattoo removal
3. Respite – Client children respite & child care
4. Behavioral Therapy
5. Other Professional Therapy-Client therapies; substance abuse treatment; medical records; CNA; smoking cessation; sex offender supports

Top 5 things we fund for adults

1. Rent assistance until employment or benefits are started
2. Guardian cost and representative payee
3. Client personal items to assist with transition; hygiene products; bedding; household supplies; clothing; haircuts; prepaid cell phones; first aid kit; prepaid gift cards
4. Client hotel & motel stays during transitions
5. Behavioral Therapy

Needs

- 1) Meeting inpatient and step-down **residential** care needs
- 2) Investing in **workforce**
- 3) Investing in **community-based services to build out the safety net**
- 4) Creating bed capacity for **youth with complex needs**
- 5) Further **integrating** physical and behavioral health care
- 6) Increase **access to care and ease of navigating behavioral health system**