

Behavioral Health Update for Colorado Counties Inc. (CCI)

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SB21-137 and emergency funds

- Emergency funds
 - \$5 million for state-contracted, specialized adolescent beds
- SB 21-137 Behavioral Health Recovery
 - \$5M to OCYF for child welfare beds
 - \$5M for youth crisis services
 - \$9M for a county-based behavioral health grant program
 - \$5M for Jail Based Behavioral Health Services

State Recovery Funds - More info on the \$450M in ARPA dollars to invest

- Focus areas:
 - Children and Youth
 - Criminal Justice
 - Workforce
 - Gaps in the Continuum of Care
 - Affordability, Sustainable Funding, Payer Systems
 - Integrated Care and Care Coordination
- Recommendations come from the subpanel, reviewed and voted on by the committee, and put into a recommendation report Jan 2022

Behavioral Health Transformational Task Force, Governor's Budget

Community Investment Grants

- Community-based innovation for community-based programs addressing costs of hospitalizations, corrections, and/or recidivism
- Includes mobile crisis expansion, secure transport, housing wraparound supports, and improved high intensity outpatient service delivery

Integrated Primary Care and Behavioral Health

- Practice Transformation Grants, Clinical and business supports, Connecting patients to social services, and HIT investments
- Includes value-based payment framework development and implementation

Complex Children and Youth (Neuropsych Facility)

- Develop youth-focused step-down services to address co-occurring complex needs

Workforce

- Immediate relief funding, intermediate and long term strategies on education, training, recruitment, retention and loan forgiveness

BH Workforce

- Expanding loan forgiveness
 - Learning management system
 - Peer recruitment
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- Continue to recruit more Medicaid BH Providers
 - Grant funds that are flexible, focus on intensive outpatient services
 - BHTTF: Opportunities for short and long term relief

HCPF BH: Works in Progress

GOAL: *Improve access to care for all populations, address health disparities, and improve outcomes*

- **ACC 3.0 to align with overall vision with BHA**
 - BHA and HCPF services billed, data collected one single system
- **Expanding and Strengthening the Safety Net**
 - Reduced barriers for smaller providers that are essential to local care and connections
 - Promoting flexible, value-based payment framework to support the safety net service delivery system
 - Support a high-benefit, low cost service model supporting greater whole person care
 - New provider standards for serving the historically excluded

Federal HCPF recovery funds to transform the system (\$75M)

- Expanding community-based services across the continuum

- Local grants for innovations in transitions of care for youth and adults, to fill regional gaps, serve tribal populations
- RAE Incentives to build out high intensity outpatient and culturally competent care. Flexible funds can be used for workforce development, program expansion, construction, planning
- Child and youth step down alternatives

- Addressing social determinants of health

- Supportive housing pilot, improving wraparound supports for members at risk of being unhoused, including peer-supported navigation
- Technology for SDoH, better data for population health and equity



Behavioral Health Safety Net Reforms (SB-222)

- Expanding community-based services and improving continuum of care
 - Improving **outpatient** service opportunities for members at risk of institutionalization
 - Lowers barriers for small providers to enter the safety net system and access sustainable funding. Creates a unified network of safety net providers
 - Ensuring treatment access for all members, including those with **co-occurring MH/SUD disorders, criminal justice involvement, IDD, and involuntary outpatient treatment**
 - Improve **wraparound supports** for members at risk of being unhoused, including peer-supported navigation and access to behavioral health services
 - Culturally competent care for the historically underserved
 - Funding for services that address social determinants of health
 - Implement Alternative Payment Model strategies to support whole person care
 - Strengthen the workforce through training, opportunities for peers/non clinical staff, and career development

Program Spotlight: Mobile Crisis

- **Crisis Response Services Expansion (CRSE), creating a new Medicaid benefit**
 - Community-based, alternative response team, works closely with law enforcement responding to mental health-related calls
 - Goal is diversion to more-appropriate behavioral health providers instead of a costly emergency room visit or the possibility of jail
 - Similar to programs like Denver's Support Team Assisted Response (STAR) program and Ute Pass Community EMT program
- **Connection to existing initiatives**
 - HB 21-1021, Secure Transport is a non-police response using ambulance and new type transport vehicle. Requires Medicaid to create this benefit
 - CDHS funded mobile response and Co-Responder Models
 - Coordination with 988 crisis hotline and 911 dispatch
- **ARPA helping us move faster:** extra grant funds for planning and for community agencies to create these programs



Questions?

Thank you!

