BEHAVIORAL HEALTH IN COLORADO: **PUTTING PEOPLE FIRST**

A Blueprint for Reform







COLORADO
Behavioral Health Task Force
Department of Human Services

A thriving Colorado starts from within...

VISION

A comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole person health and wellbeing.

VALUES

All Coloradans – regardless of severity of need, ability to pay, disability, linguistics, geographic location, racial or ethnic identity, socioeconomic status, sexual orientation, age, or gender identity – have access that is trauma-informed and culturally and linguistically responsive.

All stakeholders work together and hold one another accountable to ensure Coloradans are receiving the quality care they need for as long as they need it.

There is a comprehensive continuum of services available for children, youth, and adults.

People can access services in a variety of methods.

Colorado has a behavioral health system that distinctly meets the needs of children and youth.

Coloradans do not have to engage in the criminal justice system to access behavioral health services.

All Coloradans have the opportunity to achieve mental wellness.

To view the expanded values ratified by the Colorado Behavioral Health Task Force CLICK HERE.

WHAT IS BEHAVIORAL HEALTH?

The term "behavioral health" refers to an individual's mental and emotional well-being, development and actions that affect their overall wellness. Behavioral health problems and disorders include mental and substance use disorders.

ACKNOWLEDGEMENT

This Blueprint is the output of the Colorado Behavioral Health Task Force (BHTF) and reflects the combined efforts of more than 100 Task Force and subcommittee members, consumers, stakeholders, content experts, and The Farley Health Policy Center.

DEDICATION

This Blueprint is dedicated to all Coloradans living with a behavioral health condition and the families, friends, colleagues and communities supporting them.

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IN BRIEF

The time for Behavioral Health Reform in Colorado is now. With a groundswell of support from the Governor's Office and stakeholders from all four corners of the State, reform is not only possible, but a reality. Together, we will ensure that every Coloradan with a behavioral health need receives timely, high-quality and affordable care within their community.

Three and a half million Coloradans have private insurance or are Medicaid members. Thus, there is a commitment from the Department of Health Care Policy and Financing (HCPF), which is the State's Medicaid agency, and the Colorado Division of Insurance to align efforts to ensure behavioral health services are provided to all Coloradans. This will help to further promote health equity.

The BIG 3 to System Reform

1 CREATE A BEHAVIORAL HEALTH ADMINISTRATION

We will form a dedicated, Behavioral Health Administration (BHA) to ensure a standard of high-quality, integrated, people-first behavioral health care that's accessible to ALL Coloradans. As a new state agency or agency addition, the BHA will:

- Lead and promote the state's behavioral health priorities
- Provide the infrastructure needed to deliver on the reform recommendations
- Be responsible for responding to the changing needs of Colorado communities

2 IMPLEMENT CARE COORDINATION

We will implement a regional support structure for care coordination that connects the dots on patient care. This will provide Coloradans with safer, more affordable and effective care that includes:

- A clear and single point of entry for those in need of care
- Coordination of patient care activities
- Information sharing across providers
- A whole person approach that considers mental as well as physical health
- Administrative provider assistance for billing, data collection and reporting so they can stay care focused
- Provider performance monitoring for quality of care assurance

BEHAVIORAL HEALTH TERMINOLOGY

MENTAL WELLNESS
A state of well-being in which the person realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

WHOLE PERSON CARE
A person's health and wellness are not limited to their physical health, but to the wellbeing of them as a whole person.

SOCIAL DETERMINANTS OF HEALTH
Conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

CARE COORDINATION
The organization of patient care activities and sharing of information among all of the participants concerned with a patient's care to achieve safer, affordable, and more effective care.

MARGINALIZED POPULATIONS
Inclusive of people of color; people with traumatic brain injuries (TBI); Veterans; LGBTQ+ communities; people with disabilities; Deaf, Hard of Hearing, and Deaf Blind Coloradans; older adults; and American Indian/ Alaska Native populations.

3 TOP 19 RECOMMENDATIONS WITHIN THE 6 PILLARS

To instigate reform, we will focus on the key pillars that represent the fundamentals for a strong behavioral health system. These pillars, identified by the Behavioral Health Task Force, include Access, Affordability, Workforce & Support, Accountability, Local & Consumer Guidance and Whole Person Care. The Task Force prioritized 19 actionable recommendations across the key pillars that are outlined below.

ACCESS

All Coloradans need access to a continuum of behavioral health services and to be connected to those services when they need them.

Recommended Actions:

1. Develop a single point of entry (with "no wrong door") to help individuals navigate the full continuum of behavioral health services.
2. Expand and enhance the crisis services system including co-responder and explore alternatives to reduce reliance on police for non-threatening behavioral health emergencies.
3. Address the bifurcation between mental health and substance use disorder.
4. Have an adequate, equitable, and complete continuum of behavioral health services, and address current disparities.

AFFORDABILITY

Care can be affordable when people get the care they need to stay healthy, administrative efficiencies are captured, and payment models incentivize positive outcomes.

Recommended Actions:

5. Ensure adequate rates of payments and reimbursement, by all payers and payment sources, for the full continuum of services.
6. Streamline and consolidate funding streams that include maximizing federal dollars.
7. Prioritize the community investment funding available from not-for-profit hospitals to support implementation of the BHTF recommendations.

WORKFORCE & SUPPORT

A high-quality, trained, resourced, culturally responsive and diverse behavioral health professional workforce is needed in Colorado to deliver improved health and access.

Recommended Actions:

8. Expand the capacity for a culturally competent licensed and unlicensed workforce.
9. Support and fund the use of non-traditional workforce, especially peers.
10. Reduce the administrative burden for providers.

ACCOUNTABILITY

Collaboration across stakeholders needs to take place to ensure that Coloradans are receiving the quality care they need.

Recommended Actions:

11. Research, develop, and publish population-specific standards of care and reasonable outcomes to measure quality.
12. Address high suicide incidences and disparities in care access, delivery, and outcomes for specific and **marginalized populations**.
13. Designate a single fiscal management system to be used to account for all publicly funded services to improve allocations.

CONSUMER & LOCAL GUIDANCE

Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

Recommended Actions:

14. Collaboratively identify local, regional and systemic service gaps and solutions.
15. Form and engage advisory groups to continuously provide input and guidance on system improvements.
16. Identify and provide sustainable, flexible funding streams for local communities to prioritize primary prevention and invest in solutions to **mental wellness** disparities.

WHOLE PERSON CARE

Coloradans are best served when their **social determinants of health** are adequately addressed.

Recommended Actions:

17. Offer and expand care coordination services to address social determinants of health.
18. Expand high-intensity case management with treatment for individuals being discharged from a psychiatric hospital.
19. Create planned and facilitated education opportunities on behavioral health and cognitive disabilities for law enforcement, first responders, judges and court officials, and other partners.

By committing to immediate actions that can make positive impacts now and systemic changes over the long-term, Colorado will have a behavioral health system that puts people first.

BEHAVIORAL HEALTH IN COLORADO

Colorado is well regarded as a healthy state with comparatively low obesity rates and a reputation for active residents. While these perceptions hold true, Colorado is not without its challenges, some less visible than others. When it comes to behavioral health and our State's ability to serve the needs of its residents, there is room for improvement. Colorado has historically struggled to consistently and equitably meet the overarching community needs for mental health and substance use services.

Prevalence of Behavioral Health Disorders Among Coloradans

1 IN 5

reported experiencing a mental health condition[1]

15%

reported poor mental health in 2019, up from 12% in 2017[2]

27%

of adults said that they, a loved one, or close friend have been addicted to alcohol or drugs in their lifetime[2]

95,000

Coloradans with a substance use disorder went without treatment in 2019, primarily due to stigma[2]

> FOR A PERSON IN AN INACCESSIBLE COMMUNITY, WITHOUT ACCESS TO BEHAVIORAL HEALTH CARE, PEOPLE CAN EASILY BECOME ISOLATED AND WITHDRAWN. WE BECOME DEPRESSED AND ANXIOUS.
>
> *- MOTHER OF A DEAF TEENAGER*

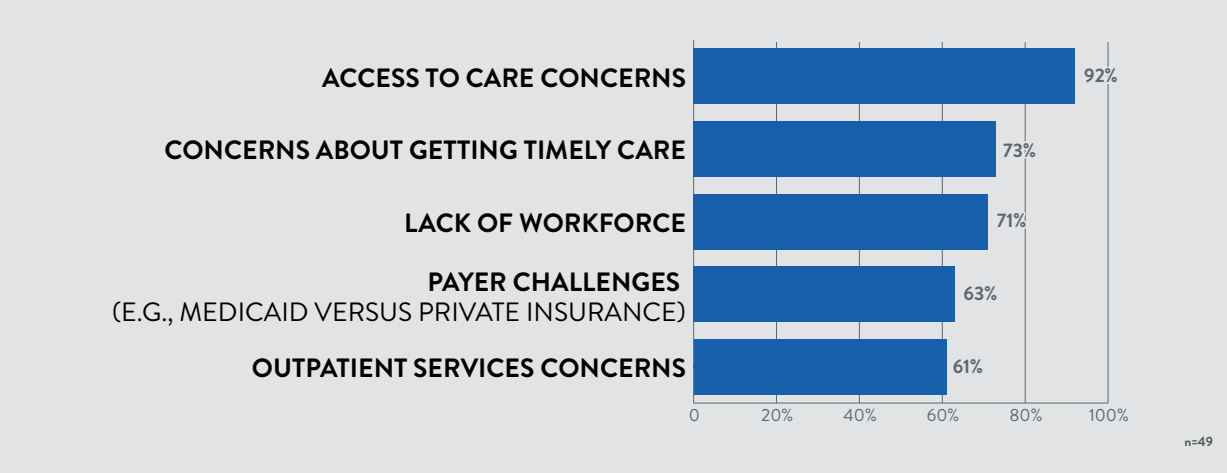
WHY REFORM, WHY NOW

Colorado's behavioral health system adequately serves some, but far from all of its constituents. The State ranks in the bottom half of states (29th) for prevalence of mental illness and access to care for adults and children.[3] In 2018, Colorado had the 7th highest suicide rate in the nation[4] and suicide is the second leading cause of death among Colorado youth. With approximately one million residents in need of behavioral health services,[1] a comprehensive system that puts people first is critical.

WHAT'S AT STAKE?

Throughout 2019, hundreds of courageous Coloradans from across the State shared their experiences with Colorado's behavioral health system. Their collective and heartfelt public testimonies provided a sobering picture of the challenges facing Coloradans and the system that's supposed to help them.

TABLE 1. THEMES TASK FORCE MEMBERS HEARD FROM COLORADANS WHO SHARED THEIR STORIES



EQUITY

Colorado must improve access to behavioral health care for its entire population. Findings from a 2020 statewide assessment[5] affirmed the need to improve access for the underserved:

- Missing data on marginalized populations hides the behavioral health disparity and level of need.
- Provider training on population-specific needs and cultures is inadequate.
- Most of the behavioral health workforce does not represent the population backgrounds or reflect the community within the geography being served.

Reducing disparities in Colorado's behavioral health system will be critical for reform success. Workforce capacity will need to be expanded to improve outreach, engagement, and quality of care for marginalized populations.

BETTER INFRASTRUCTURE AND DATA WILL CREATE AN OPPORTUNITY TO REDUCE DISPARITIES IN FUNDING FOR SERVICES PROVIDED TO MARGINALIZED POPULATIONS.

FINANCIAL ANALYSIS

Approximately $1.4 billion in federal and state funds were identified as supporting behavioral health services in Colorado.[6] The broad distribution of these funds across at least 10 state agencies and over 75 programs makes having a meaningful impact challenging.

There is not a cohesive statewide approach to efficiently address behavioral health needs in Colorado, which puts the burden on the person in need of services to determine where and how they can access their care.

Colorado does not have an infrastructure in place to understand where and how dollars are being invested, as well as who is and is not being served.

COLORADO DOES NOT HAVE AN INFRASTRUCTURE IN PLACE TO UNDERSTAND WHERE AND HOW DOLLARS ARE BEING INVESTED, AS WELL AS WHO IS AND IS NOT BEING SERVED.

Cross-agency data sharing, as well as consolidating non-Medicaid funding and programs, could generate savings for the State due to reduced administrative costs. Having one entity responsible for consolidating and overseeing all of the State's behavioral health funding beyond Medicaid could ensure that the changing needs and availability of services across Colorado are monitored.

COVID-19 RESPONSE

In May 2020, Governor Polis asked the Task Force to establish the COVID-19 Special Assignment Committee in response to the pandemic. The committee was tasked with:

- Reporting the short and long term impacts of COVID-19 on the behavioral health system, including access and affordability of services, especially for vulnerable and underserved populations.
- Evaluating Colorado's behavioral health crisis response to COVID-19.

Key Takeaways to Date:

- Tele-behavioral health quickly proved to be a critical method for reaching Coloradans in need of behavioral health services.
- Patients and providers alike were receptive to the shift to technology-based services as a flexible and effective means to continue care.

THE 6 PILLARS OF A STRONG BEHAVIORAL HEALTH SYSTEM

The Behavioral Health Task Force identified almost 150 recommendations to reform the state's system. Those recommendations fell into six pillars that represent the foundation for a strong behavioral health system, all of which will be addressed in Colorado to achieve the Task Force's vision:

In the following pages you will find a description of each pillar and a sampling of opportunities for improvement.

ACCESS

Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
Behavioral health services can be unaccommodating for marginalized populations.	Train behavioral health professionals to respond respectfully to varying cultures, languages, and other considerations affecting marginalized populations.
Form of payment or type of insurance coverage can limit access to services.	Standardize guidelines across payer systems to make it easier for providers to enroll in public and private insurance networks and for patients to access.
Navigating the system is overwhelming when engagement with more than one type of provider is necessary (e.g., one provider for therapy and a different provider for drug treatment).	Implement care coordination to help patients navigate the system with greater ease, respect and dignity.
There are a lack of providers who can accommodate people with disabilities (e.g., Coloradans find few therapists who know American Sign Language).	Train providers on how to accommodate special needs and disabilities.
Inadequate services can lead to criminal justice system involvement.	Expand and enhance crisis services, co-responder models, and crisis drop-off centers.

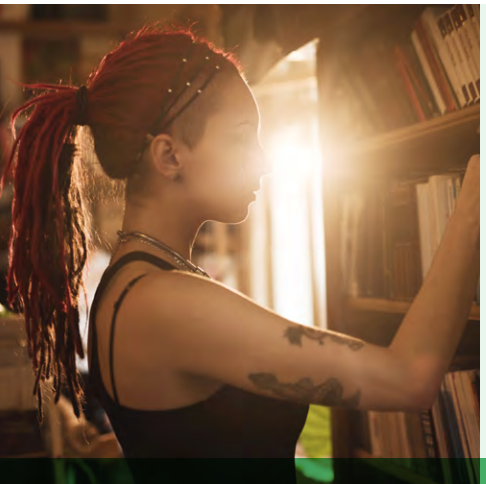
"AS A COLORADO RURAL RESIDENT, IT HAS BEEN CHALLENGING TO ACCESS HIGHER LEVELS OF BEHAVIORAL HEALTH CARE. HAVING TO LEAVE THE AREA FOR STABILIZING HOSPITALIZATIONS HAS BEEN A MONUMENTAL CHALLENGE... MY DAUGHTER'S RELOCATION FOR NEEDED FRONT RANGE SERVICES HAS AFFECTED MY ABILITY TO PARTICIPATE IN HER CARE AND HAD A DETRIMENTAL FINANCIAL IMPACT."

AFFORDABILITY

Financially accessible care for all Coloradans made possible by administrative efficiencies across Colorado's behavioral health industry and payment models that incentivize and drive improved outcomes.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
Coloradans do not always get adequate time or the level of service they need through the behavioral health system.	Align community investments with the statewide behavioral health strategy in order to support significant change and reform.
Costs are driven up by administrative inefficiencies.	Streamline and consolidate funding streams, ensure taxpayer dollars are being used efficiently and effectively, and maximize federal dollars.
Coloradans pay significant out-of-pocket costs and/or have to travel long distances to get the care they need due to low reimbursement rates to providers as well as workforce shortages.	Standardize guidelines across payer systems to make it easier for providers to enroll in public and private insurance networks and for patients to access qualified providers.



A COLORADO SPRINGS RESIDENT SHARES HER STRUGGLES WITH AN EATING DISORDER, BORDERLINE PERSONALITY DISORDER, SELF-HARM DISORDER AND SUICIDAL IDEATION...

"I HAVE FOUND THAT THERE ARE NOT MANY OR ANY RESOURCES FOR MOST OF [MY] DISORDERS. AND FOR THE ONES THAT DO EXIST, IT WOULD CAUSE ME TO GO BANKRUPT."

WORKFORCE & SUPPORT

A culturally responsive and diverse behavioral health workforce that delivers high-quality healthcare access to all Coloradans.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
Professionals are less likely to be drawn to community-based, behavioral health positions because salaries do not reflect their value.	Incentivize behavioral health educations and career tracks for students and increase pay for behavioral health workers.
Long delays between the time it takes for people in need and when they receive behavioral health care have resulted in self-harm.	Increase the number of licensed (e.g., psychiatrists) and unlicensed (e.g., peer support specialists) behavioral healthcare workers so that people in need of help do not have to wait to receive treatment.
Professionals do not receive enough ongoing competency-based education in order to meet population-specific needs.	Leverage federal dollars for recruitment and career training to expand Colorado's workforce and increase competency for marginalized populations and specific conditions.
Due to the limited healthcare workforce, clients do not always have the option of choosing a provider that accepts their insurance.	Standardize guidelines across payer systems to make it easier for providers to enroll in public and private insurance networks and for patients to access qualified providers.

"THE THERAPIST WE FOUND AND SAW FOR 6 WEEKS TOLD US THAT OUR 13-YEAR OLD SON WAS CLINICALLY DEPRESSED, IN REAL DANGER, AND IN NEED OF A MORE QUALIFIED COUNSELOR (I.E. PSYCHIATRIST). THERE WERE NO ADOLESCENT PSYCHIATRISTS TO BE FOUND..."

ACCOUNTABILITY

Collaboration across stakeholders to ensure that Coloradans are receiving the quality care that they need.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
Coloradans are not receiving quality care across all services because there is not a standardized process to publicly share data for the purpose of transparency.	Population-specific standards of care, including network adequacy, access measures, wait-time and waitlist limits, and general care considerations will be researched, developed, and published to set clear and reasonable outcomes to measure the quality of the behavioral health system.
Colorado must address the disparities in care access, delivery, and outcomes for marginalized populations.	A systemic approach to collecting, reporting, and analyzing data and demographics can help identify inequities that need to be addressed. Quote mark
Providers are spending an inordinate amount of time on data submissions, reports, and other paperwork because the different funding sources do not share a standardized platform for data collection.	A single fiscal-management system will be used to account for all publicly funded services.

"WHAT WILL HAPPEN TO OUR ADULT SON WHEN WE PASS ON? WHO WILL CARE FOR HIM? HE'S NOT A STATISTIC OR DIAGNOSIS TO US. HE'S A GOOD PERSON WITH A BRAIN DYSFUNCTION WHO NEEDS HELP."

CONSUMER & LOCAL GUIDANCE

Engaged community stakeholders who can provide feedback and guidance on how best to meet local behavioral health needs.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
The unique needs of rural and frontier areas are not always recognized, understood, or prioritized by the State.	Collaborate with state and local governments to efficiently leverage all resources in order to respect the unique qualities of Colorado communities.
Users of the behavioral health system feel ignored and that they do not have a voice in sharing the types of services they need and the quality of services they are receiving.	Activate local, community advisory groups and consumers to continuously provide guidance on system improvements.
Coloradans want a clear grievance and appeal process.	Implement an anonymous feedback loop where consumers can provide candid feedback on Colorado's behavioral health system.
Coloradans have reported an increase in depression and anxiety during the COVID-19 pandemic.	Tele-behavioral healthcare is an option when in-person services are not available.

"WE DON'T HAVE A PHARMACY IN TOWN. WHEN ONE OF US DRIVES AN HOUR OVER THE PASS TO STEAMBOAT SPRINGS TO GO TO THE PHARMACY, WE LET EACH OTHER KNOW SO THAT WE CAN PICK UP MEDS FOR EVERYONE."

WHOLE PERSON CARE

Coloradans are best served, and have the best chances for improved health, when their physical and behavioral health care is integrated, and when their social determinants of health are adequately addressed.

KEY **CHALLENGES** & **OPPORTUNITIES FOR IMPROVEMENT**

CHALLENGES	OPPORTUNITIES FOR IMPROVEMENT
People in need of support outside of the behavioral health system—such as housing or food assistance—are additionally confused about how to navigate the system. People with Intellectual and Developmental Disabilities (IDD) are not able to access behavioral health services due to uncertainty around who is responsible for payment and delivery of those services.	Addressing the social determinants of health through care coordination is one step towards preventing the negative impacts of behavioral health conditions. Addressing factors such as housing and food security will only enhance positive behavioral health outcomes.
People are not thriving in their communities because they lack the necessary support.	Training and education for professionals in each community—such as law enforcement, first responders, judges, and other key partners—will help them develop the skills and knowledge needed to understand the impacts of behavioral health conditions.

"WHEN MY OLDEST DAUGHTER WAS 14, SHE HAD TO HAVE SURGERY FOR AN ATHLETIC INJURY. SHE HAD ALWAYS STRUGGLED WITH ANXIETY AND OCD, BUT AT THIS POINT, SHE EXPERIENCED A PROLONGED, MAJOR DEPRESSIVE EPISODE, WHICH REQUIRED HOSPITALIZATION. IT HAS TAKEN A FEW YEARS TO REALLY GET HER TO A BETTER PLACE, BUT SHE IS IN REMISSION!

THE PATH FORWARD

As a state, administration, task force, and coalition of citizens, we are committed to long-term systematic behavioral health reform via a phased approach to accomplish our collective goals. True reform requires more than a quick fix. It takes thoughtful planning, collaboration, and dedication to establish a system that truly puts people first.

1 PHASE ONE

Create a Behavioral Health Administration

The Colorado Behavioral Task Force voted unanimously for the establishment of a Behavioral Health Administration (BHA). The BHA will lead and promote the State's behavioral health agenda as either a new state agency or as part of an existing department. The BHA will be accountable for the delivery of behavioral health services in Colorado and charged with transforming the system by:

- Promoting a whole-person, people-first approach focused on consumer needs
- Eliminating unnecessary fragmentation of services
- Advocating for transparency in consumer outcomes and allocation of taxpayer dollars
- Offering a streamlined approach to government services that works closely in meeting local community needs
- Reducing the administrative burden on providers so that they can focus on care

Expand Tele-Behavioral Health Services

Colorado providers quickly transitioned to tele-behavioral health at the onset of the pandemic to continue supporting people in need. Both providers and consumers expressed an ongoing interest in partaking in tele-health services. Phase One will begin the expansion of tele-behavioral health to ensure more Coloradans can immediately access services.

Identify Legislative Opportunities & New Funding Sources

In the wake of the 2020 recession, Colorado will need to review and identify the necessary legislative changes and new sources of funding to support implementation of the Blueprint. This includes potential federal funding sources, such as the U.S. Department of Labor funding for workforce training and employment.

In addition, the State will collaborate with not-for-profit hospitals in Colorado to prioritize community investment and funding for behavioral health. Community benefit programs are designed to provide increased access to care and address population health inequalities for vulnerable patients.

2 PHASE TWO

Implement Care Coordination

By organizing, coordinating, and sharing information about a patient's care activities among parties concerned with a patient's care, we'll achieve safer, more affordable, and effective care.

Implement 19 Recommended Actions for a Strong Behavioral Health System

Phase Two will consist of implementing the recommendations and actions from the six pillars that form the foundation of a comprehensive behavioral health system. These prioritized recommendations are essential in moving the reform of Colorado's behavioral health system to create one that will meet people where they are and help them navigate the different resources available to them to support the whole person.

- Access
- Affordability
- Workforce & Support
- Accountability
- Local & Consumer Guidance
- Whole Person Care

3 PHASE THREE

Assess and Implement Remaining Recommendations

The Blueprint will continue to serve as a guide to reforming Colorado's behavioral health system in future years. The Behavioral Health Administration will regularly review the remaining recommendations (i.e., those not prioritized in Phase Two) and assess the environment to determine the next set of recommendations to be implemented.

IN CONCLUSION

It is rare to have both the opportunity and the political will to make real change happen. Three Coloradans die by suicide every day. Coloradans deserve a behavioral health system that puts people first. One where people can choose from a network of behavioral health providers, one that meets people where they are, and helps them navigate the different resources available to them to support the whole person. One that offers timely services. And, most importantly, a system that meaningfully asks, "How can we help you?"

COLORADANS DESERVE A BEHAVIORAL HEALTH SYSTEM THAT PUTS PEOPLE FIRST

It is clear that significant changes are needed to Colorado's behavioral health system. By committing to the long-term system changes, and the shorter-term enhancements that will have a more immediate impact on the system and are reflected in the Blueprint, Colorado will have a behavioral health system that **puts people first**.

APPENDIX A

Behavioral Health Task Force Committee Members

The Behavioral Health Task Force is a group of diverse stakeholders who worked together to develop the plan to transform Colorado's behavioral health system. This document is the result of the combined efforts of the individuals listed below, as well as the subcommittees. We are grateful to these stakeholders and content experts who shared their insights, knowledge and perspectives to advance the work of the Task Force.

EXECUTIVE COMMITTEE

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Dianne Primavera, Lieutenant Governor of Colorado

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Nancy Jackson, Arapahoe County Commissioner: State Safety Net Subcommittee

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Shannon Van Deman, Children's Hospital Colorado: Children's Behavioral Health Subcommittee

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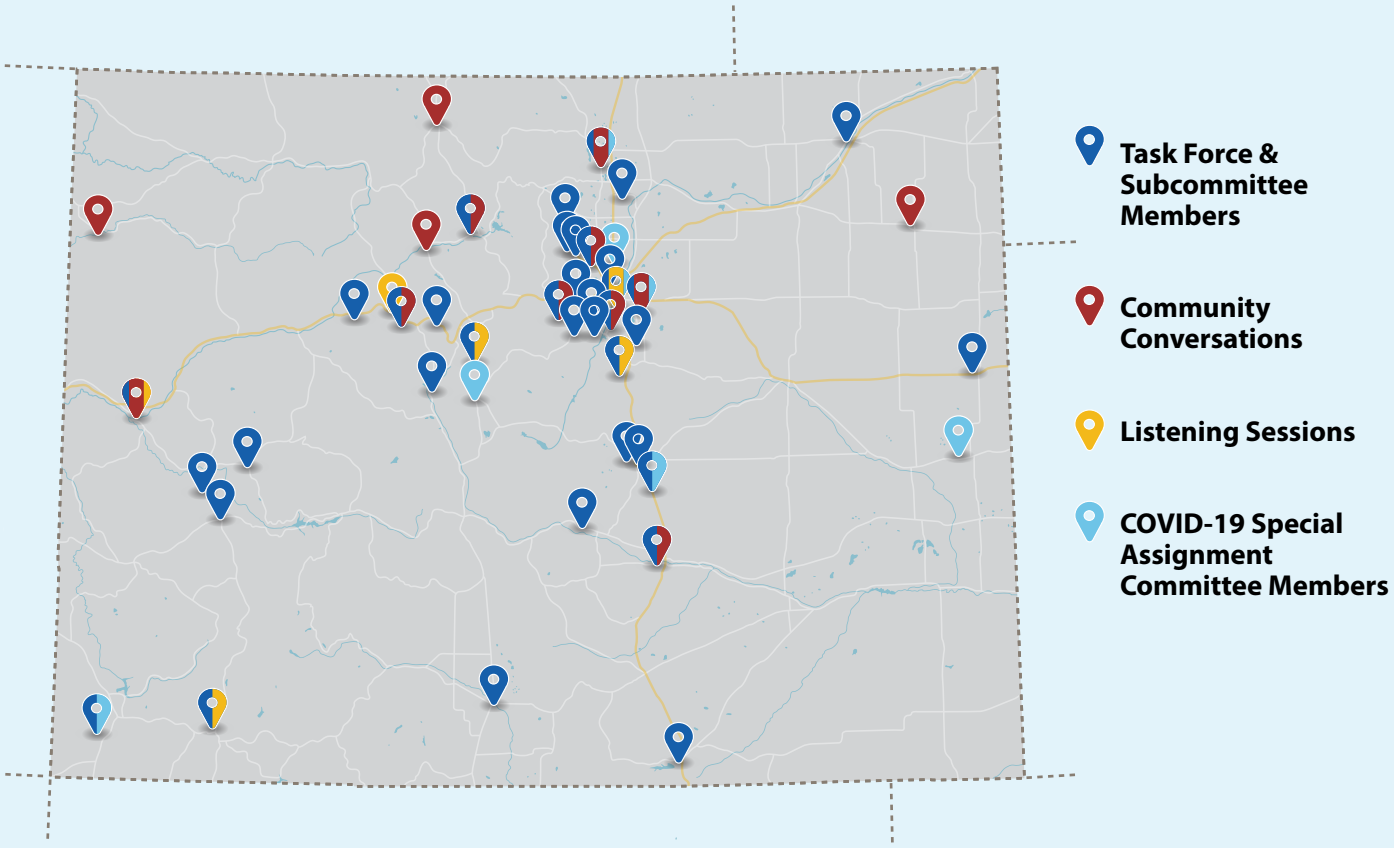

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Long Term Competency Subcommittee

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APPENDIX B

Overarching Values

- All Coloradans – regardless of severity of need, ability to pay, disability, linguistics, geographic location, racial or ethnic identity, socioeconomic status, sexual orientation, age, or gender identity -- have equitable access to care that is trauma-informed and culturally and linguistically responsive to a full continuum of behavioral health services in the right place at the right time. This includes access to prevention, treatment, and recovery services for behavioral health conditions.
- All stakeholders must work together and hold each other accountable to ensure Coloradans are receiving the quality care they need for as long as they need it.
- There should be a comprehensive continuum of services available for children, youth, and adults. Coloradans should be connected to the services they need, when and where they need them.
- People should be able to access services in a variety of methods, such as tele-behavioral health and in-person services for all levels of need.
- Colorado must have a behavioral health system that distinctly meets the needs of children and youth. Young people have different needs than adults and require developmentally appropriate remedies and culturally competent services that an adult system cannot offer.
- Coloradans should not have to engage in the criminal justice system to access behavioral health services. These services should be available through their communities.
- All Coloradans should have the opportunity to achieve mental wellness.

ENDNOTES

1 Reinert M, Nguyen T, Fritze D. The State of Mental Health in America 2020. Mental Health America. 2019. Accessed August 28, 2020: 28. https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf.

2 Colorado Health Institute. 2019 Colorado Health Access Survey: Behavioral Health. Colorado Health Institute. Published February 4, 2020. Updated February 11, 2020. Accessed May 15, 2020. https://www.coloradohealthinstitute.org/research/2019- colorado-health-access-survey-behavioral-health

3 Overall Ranking. Mental Health America. (n.d.) Accessed August 28, 2020. https://www.mhanational.org/issues/ranking-states

4 National Center for Health Statistics. Stats of the State - Suicide Mortality. Centers for Disease Control and Prevention. Updated April 29, 2020. Accessed May 22, 2020. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

5 Colorado Department of Human Services, Office of Behavioral Health, Behavioral Health Needs Assessment FY 2019-2020

6 Colorado Health Institute. Serving Colorado's Adults: A Financial Map of the Behavioral Health System. Colorado Health Institute, Apr. 2020. Updated July 2020.

Colorado Health Institute. Serving Colorado's Children: A Financial Map of the Behavioral Health System. Colorado Health Institute, March 2020. Updated July 2020.

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Behavioral Health Task Force
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