



# SMART Government Act

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## HB10 – 1032 Crisis Response Report

# Behavioral Health Crisis Response Services Study Report



Access and availability to behavioral health crisis services continues to be a gap in Colorado's behavioral health system

- The goals of crisis services:
  - To improve access to the most appropriate treatment resources
  - To decrease the utilization of involuntary civil commitments, hospital emergency departments, jails, prisons and homeless programs for behavioral health emergencies
- A strong, comprehensive crisis system is integral to creating a seamless integrated behavioral health care system, where consumers will receive appropriate, timely, and quality care

# Behavioral Health Crisis Response Services Study Report



Department of Human Services, Office of Behavioral Health, led implementation of House Bill 2010-1032

- Stakeholder meetings and survey
  - Six stakeholder meetings across the state and a separate stakeholder survey on OBH web page
- Transparency
  - Created a dedicated web page that allowed stakeholders to provide comments, take a survey, find research information, and view stakeholder meeting notes and other materials important to this study
- Research study
  - Research from other state systems to identify unique and promising practices and information that may guide Colorado in creation or enhancements
- Plan Development
  - Incorporated stakeholder recommendations and the results from the research on unique/promising practices to create this final report

# Comprehensive Crisis Response System

- Department's budget request - \$10,272,874 GF - establishes a base for a statewide crisis response system

## 24-Hour Crisis Telephone Lines (including Warm Lines)

- Create a statewide crisis telephone line
- One number for all of Colorado which links to local service area
- Conducts screening, brief assessments and options counseling
- Links caller to counseling services, crisis supports and emergency services

## Walk-In Crisis Services/Crisis Stabilization Units

- Create five crisis stabilization units statewide, urgent care services with immediate clinical intervention, triage, and stabilization
- 24/7 availability
- Assessment, counseling, stabilization and referrals
- Statewide marketing and communications
  - Increase awareness of mental health and substance use disorders, educate, and help direct those in need and their families, where to go in a time of crisis

# Secondary Recommendations

Secondary building blocks to building a complete and comprehensive crisis response system include:

## Mobile Crisis Services

- Mobile crisis units with the ability to respond within one hour to a behavioral health crisis in the community (e.g., homes, schools, or hospital emergency rooms)

## Crisis Residential/Crisis Respite Services

- A range of short-term crisis residential services (e.g., supervised apartments/houses, foster homes, and crisis stabilization services)

## Peer services

- Should be infused in the crisis response process to allow an individual access to a supportive person with lived experience



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## Behavioral Health Care Initiatives

# Integrate Community Wide Crisis Response System



- Request for \$10,272,874 General Fund to establish a basic statewide crisis response system, including:
  - Statewide 24-hour crisis help line – Lines staffed by skilled professionals to assess and make appropriate referrals to resources and treatment
  - Five crisis services / crisis stabilization unit – Urgent care services with capacity for immediate clinical intervention, triage, and stabilization
  - Statewide awareness campaign and communication – multi-media campaign/branding and communication to increase awareness of behavioral health illness and resources
- Funding this request will:
  - Improve access to the most appropriate resources and services as early as possible
  - Decrease the number of unnecessary involuntary civil commitments, utilization of hospital emergency departments, jails, prisons, and homeless programs for individuals experiencing a behavioral health emergency
  - Promote recovery for the individual

# Improved Community Capacity

- Request for \$4,793,824 General Fund to increase funding for community services and provide services in the least restrictive and most independent community setting
  - Assertive Community Treatment (ACT) – Additional ACT slots to provide intensive services (clinical, emergency, rehabilitation, and support) in a manner that emphasizes outreach, relationship building, individualization of services, and recovery
  - Step-down services - Including room and board, treatment and rehabilitative services, medication management, and 24-hour supervision
  - Housing Subsidies – Rent subsidy vouchers, administered through the Division of Housing, to improve stability, independence, and long-term treatment and recovery
  - Adult Foster Care – Residential settings providing 24-hour personal care, protection, and supervision for individuals with a serious mental illness who cannot live by themselves without supervision

# Increase Access to Mental Health Institute Civil Beds



- Request for \$2,063,438 General Fund and 0.9 FTE to create a 20-bed contract operated jail-based restoration program in the Denver metro area
- County jail inmates from the Denver metropolitan area who are ordered to be restored to competency to stand trial and appropriate for jail-based services will be served by this program
  - Reduce the number of restoration patients admitted to Colorado Mental Health Institute at Pueblo (CMHIP) and make available 20 beds for civilly committed individuals at CMHIP (that are currently used for restoration)
  - Save county sheriff departments' valuable time and resources by not requiring them to transport jail inmates from the Denver area to CMHIP
  - Inmates requiring in-patient level of care will still be served by CMHIP

# Behavioral Health Services Data Collection System



- Request for \$480,000 General Fund to consolidate the State's mental health and substance use disorder data (client and analysis) and include physical health data
  - The two current systems (CCAR and DCODS) use batch-processing and are incompatible with each other
  - The factors make them more expensive to interface with the electronic health records (EHR) systems of contracted providers
  - The incompatibility issue causes significant redundant data entry on the roughly 200,000 annual client encounters and hampers the ability of the systems to share data and link the information of the behavioral health consumers with co-occurring disorders and records in both systems
  - Funding this request will solve these problems and favorably position the Department and behavioral health providers for the implementation of EHRs

# Strengthen Treatment Services Colorado Mental Health Institutes



- Request for \$911,865 General Fund to strengthen patient outcomes at the Colorado Mental Health Institutes through the implementation of a researched “best practices” trauma informed care approaches including:
  - Assessing clients for trauma and adverse experiences
  - Understanding the impact of trauma on mental health and substance abuse disorders
  - Incorporating the treatment of trauma within the Institutes
  - Utilizing peer support specialists to improve patient outcomes
- Services to be provided on an initial group of treatment units:
  - Trauma specific assessments upon admission to identify trauma history, behavior triggers and coping resources for each patient
  - Trauma groups – Small groups co-facilitated by a psychologist and a social worker
  - Individual treatment services – Specific services identified as needed beyond trauma group sessions
  - Substance use disorder specific assessment – A basis for referral to substance use disorder specific services
  - De-escalation rooms at each Institute to assist patients in calming themselves to avoid a negative outcome, including seclusion or restraint



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