

STATE OF COLORADO



Colorado Department of Human Services

people who help people



OFFICE OF BEHAVIORAL HEALTH AND HOUSING
Joscelyn L. Gay, Deputy Executive Director

DIVISION OF BEHAVIORAL HEALTH
Charles H. Smith, Ph.D., Director

3824 West Princeton Circle
Denver, Colorado 80236
Phone 303-866-7400
Faxes 303-866-7428, 303-866-7481
www.cdhs.state.co.us

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

DEPARTMENT/AGENCY

Colorado Department of Human Services/Office of Behavioral Health and Housing

BEHAVIORAL HEALTH PROGRAM DESCRIPTIONS

Name: Division of Behavioral Health

Brief program description: The Division of Behavioral Health (DBH) works in collaboration with the Office of Behavioral Health and Housing to execute the State's federal responsibilities as State Mental Health Authority and the Single State Substance Abuse Authority. DBH is responsible for administering, licensing, and regulating the provision of community-based public behavioral health system, specifically the substance use prevention, substance use treatment, and mental health treatment services for the State of Colorado. DBH formulates and implements public policy delineating the availability, effectiveness, funding, and diversity of public behavioral health services; contracts and monitors State and federally funded behavioral health service programs and coordinates with other existing human service agencies and programs; develops performance standards, rules and regulations; licenses, approves, monitors, and audits the public behavioral health system and service providers; conducts state-wide research and program evaluation; and provides expert technical assistance, training, and consultation in the areas of public policy, finance, research and evaluation, prevention, and clinical treatment practices to support and enhance the provision of high quality behavioral health care. For fiscal year 2010-11, DBH's scope of responsibility includes the management and administration of a budget of \$107 million comprised of more than 44 separate funding streams including two federal block grants, 21 federal discretionary grants totaling \$48.7 million annually, and 21 state funding sources. There are 66.9 legislatively appropriated FTE (full time equivalent) employees working primarily within three sections of the division:

Community Programs
Data and Evaluation
Business and Support Services

DBH staff are responsible for a wide array of programs, services, and mission-critical functions including, but not limited to, licensing, designation and regulatory standards, policy development, contracting for service delivery, consultation, training, and technical assistance, interagency

collaborations and partnerships, data collection, reporting and analysis, evaluation, and grants management.

Mental health description: Title 27, Article 65 through 69 C.R.S. primarily governs the operation of these programs.

- Colorado's public mental health system comprises the community-based mental health programs overseen by DBH and the Colorado Mental Health Institutes, which are administratively located within the Colorado Department of Human Services (CDHS), Office of Behavioral Health and Housing (OBHH), and the State's Medicaid, capitated waiver program, which the Colorado Department of Health Care Policy and Financing (HCPF) administers. HCPF manages the Medicaid-eligible population and DBH manages the non-Medicaid population.
- A full array of services and supports is needed in order to maintain and enhance the quality of life of persons with mental illness. The public mental health system providers are required to provide all of the core services defined in the current state standards including assessment, case management/service coordination, inpatient treatment, public education, day treatment for children, home based/family support services, residential support services, interagency consultation, residential, vocational/ rehabilitative services, clinical treatment, interagency consultation and 24-hour emergency services. Specialty clinics provide all core services except residential, vocational and emergency services.
- Ancillary mental health services include respite care, consumer clubhouses and drop-in centers, peer counseling and support services, peer mentoring for children and adolescents, assertive community treatment, warm lines, specialized services for addressing adoption issues, early intervention services, supported living services, prevention services, recovery groups, supportive employment, and peer-run employment services.

Early Childhood Programs and Initiatives

- Early Childhood Mental Health Specialists and State Strategic Use Fund Programs including Mental Health Consultation for Early Childhood Settings

Child and Adolescent Programs and Initiatives

- Child Mental Health Treatment Act (HB 99-1116)
- Offender Mental Health Services (SB07-097)

Adult and Older Adult Programs and Initiatives

- Assertive Community Treatment (ACT)
- Alternatives to Inpatient Hospitalization for Adults
- PASRR (Pre-Admission Screening and Resident Review)
- Offender Mental Health Services (SB07-097)
- Family Advocacy Program for Youth Involved in the Juvenile Justice System
- Veteran Jail Diversion Grant Program

Other Special Programs

- Disaster Mental Health Grant Programs

Service population: Colorado's public mental health system serves adults and older adults with serious mental illness (SMI), children and adolescents with serious emotional disturbances (SED), and

individuals with a psychiatric emergency/crisis (e.g. suicide). It is estimated (based on the FY 2009 Population in Need Study) that:

- 89,630 Coloradans (living at or below 300% of the federal poverty level) have a serious emotional disturbance (N=18,525) or a serious mental illness (N=71,105) AND are not receiving mental health care. This estimate includes adults and youth with SMI or SED who also have a co-occurring substance use disorder. It does not include persons who have a substance use disorder only.
- 8% of all children who live at or below 300% of the federal poverty level have a serious emotional disturbance.
- For every 1 million dollars invested in the public mental health system, approximately 322 indigent children and adults could receive public mental health care.

Program Cost: Total appropriated funding for DBH Mental Health for FY 2010-11 is \$56,302,897.

- \$40,939,606 is General Fund,
- \$5,186,726 is from various cash funds,
- \$615,577 is from reappropriated funds (including Medicaid), and
- \$9,560,988 is federal funding (MH block grant and other federal discretionary grants)

Persons Served: The following data represents clients served for FY 2009-10:

- | | |
|---|--------|
| • Total clients served by the public mental health system | 85,841 |
| • DBH funded non-Medicaid/indigent clients | 32,355 |
| • Medicaid funded clients | 36,972 |
| • Both Medicaid and non-Medicaid | 14,461 |
| • Status not available | 2,053 |

Program Staff: DBH Mental Health is appropriated 36.1 FTE for FY 2010-11

Substance abuse description: Title 27, Article 80, 81, and 82 C.R.S. primarily govern these programs. DBH contracts for the provision of community prevention, intervention, treatment and recovery services. Modes of service delivery include outpatient, residential, and detoxification (detox) services to identified priority populations as outlined in federal and state law. Prevention services are delivered to address individual, family and community needs through evidence-based programs that support the six federally designated prevention strategies.

Service population: The following data represents clients served for FY 2009-10.

- Treatment Clients: Of 24,415 discharges from substance abuse treatment (excluding Detoxification and Driving Under the Influence services) in FY 2009-10, 20,799 were unique clients. Over half (58%) were treated in MSO-contracted outpatient services and 42% had been referred for treatment by the criminal justice system (unrelated to DUI).
- Detoxification Clients: There were 52,237 discharges from detoxification services (excluding Driving Under the Influence services), 30,045 of which were unique clients. Clients in detoxification services were typically served (98%) in MSO-contracted residential non-medical detoxification units.
- DUI Clients: There were 26,742 discharges from DUI services (excluding other treatment and detoxification services), of which 23,239 were unique clients.
- Prevention Services: Prevention Services are delivered by 50+ agencies in multiple ways through education and outreach aimed at the community at-large and direct services that are

more intensive and focus on individuals with multiple risk factors. A total of 798,327 individuals received services during FY 2009-10, of which 25,449 were reported as direct services.

Program Cost: DBH Substance Abuse total funding for FY 2010-11 is \$50,416,016.

- \$14,995,053 is General Fund,
- \$4,143,518 is from various cash funds,
- \$3,116,517 is from reappropriated funds (including Medicaid), and
- \$28,160,928 is federal funding (Substance Abuse Prevention and Treatment Block Grant and other federal discretionary grants)

Program Staff: DBH Substance Abuse is appropriated 30.8 FTE for FY 2010-11.

Integrated Behavioral Health Services for Juveniles and Adults at Risk with the Criminal Justice System description: Created through House Bill 2010-1284, C.R.S. 39-26-123 governs this program through the medical marijuana regulation and appropriation.

A portion of moneys appropriated from the medical marijuana regulations shall be appropriated to the department of human services to be used to provide integrated behavioral health services for juveniles and adults with substance use disorders or with substance use disorders and mental health treatment needs who are involved with, or at risk of involvement with, the criminal justice system. The department shall ensure that appropriations in this line item are distributed through the department's designated managed service organizations and community mental health centers. The appropriations shall be based on, including but not limited to substance use and mental health prevalence data that is developed working collaboratively with the managed services organizations and community mental health centers.

Ideas for use of funds to provide integrated services to individuals with co-occurring mental health and substance use disorders who are involved with, or are at risk of involvement with the criminal justice system will be generated from stakeholder meetings, literature review on evidence-based and promising practices for these populations. Ideas may support the generation of a "Letter of Intent" or "Request for Proposals" that will be issued to provide services. The Division may also choose to accept a proposal from the Stakeholder groups. Providers within the legislatively identified groups will be eligible to respond.

Program Cost: DBH Integrated Behavioral Health Services for Juveniles and Adults at Risk with the Criminal Justice System total funding for FY 2010-11 as appropriated \$334,227

BEHAVIORAL HEALTH SYSTEMS UTILIZED BY THE DEPARTMENT

DBH Key Stakeholders (in alphabetical order)

- Advocates for Recovery, an organization of persons in recovery from addiction and their allies
- Colorado Behavioral Healthcare Council: 17 CMHCs and 6 specialty community-based mental health clinics; Behavioral Health Organizations (BHOs) are also members, but contract with the Department of Health Care Policy and Financing (DHCPF)
- Colorado Communities and Local Government
- Colorado Providers Association (formerly the Colorado Association of Alcohol and Drug Service Providers)

- DBH-Licensed Substance Use Disorder Treatment Providers. 322 treatment providers, including the 41 MSO-funded providers, operate 751 substance use disorder treatment sites throughout Colorado.
- 4 Managed Service Organizations (MSOs). The MSOs subcontract with 41 treatment providers with 184 sites in 7 geographical areas for substance abuse treatment services.
- 50 Emergency (27-65 Designated Facilities)
- 5 Acute Treatment Facilities
- Federation of Families for Children's Mental Health, Colorado Chapter
- Mental Health America, Colorado Chapter
- Mental Health Planning and Advisory Council (MHPAC)
- National Alliance for Mental Illness (NAMI-CO)
- Prevention Providers. There are 53 prevention contracts across 40 agencies, reflecting over 100 programs and services targeting youth, adults, families and communities.
- 53 Residential Facilities providing mental health services for children (Psychiatric Residential Treatment Facilities and Therapeutic Residential Child Care Facilities)
- State and Federal Executives and Departmental Authorities
- State and Federal Legislators
- Treatment Provider Alliance (TPA)-a newly formed coalition of DUI treatment providers
- WE CAN! of Colorado

BEHAVIORAL HEALTH CABINET AND BEHAVIORAL HEALTH TRANSFORMATION

The Governor created a Behavioral Health Cabinet of the leadership of several state departments to elevate the importance of behavioral health and its impact on the state's budget and citizens of Colorado. The Department has actively participated in both the BH Cabinet and BH Transformation Council and has also provided leadership in the formation of recommendations concerning systems reform for behavioral health. In consultation with other states, in particular, the former Governor of Massachusetts, Michael Dukakis, Colorado learned that behavioral health transformation efforts unraveled after his departure from state government. Colorado recently passed legislation, Senate Bill 10-153, emphasizing the importance of behavioral health as a public policy issue irrespective of political party leadership. The legislation is intended to minimize disruptions to the transformation process and to sustain the collective leadership of the executive, legislative, and judicial branches in partnership with stakeholders. The Behavioral Health Transformation Council (BHTC) will be reconstituted under this legislation and new Executive Order. The BHTC will be expanded to include legislators, appointees by the Chief Justice, and the Governor's Office of Information Technology (OIT), recognizing the importance of health information exchange to behavioral health transformation. The BHTC will continue its prioritized work and will view its activities through the perspective of overall health care reform. The following is a summary of the current prioritized work:

Cross-Cutting Priorities Across All Implementation Plans

- Ensure consumer and family involvement across all implementation planning.
- Ensure cultural competence and a focus on disparities in access to behavioral health care across all implementation planning.
- Efforts will build on existing funded initiatives:
 - Colorado Children and Youth Information Sharing (CCYIS) initiative.
 - Colorado Commission on Criminal and Juvenile Justice, Justice Assistance Grant (through September 2011).

- Race to the Top through the Lieutenant Governor's Office.

Criminal Justice

- Implementation of a standardized Behavioral Health Screening Process for mental health and substance use disorders.
- Improve access to medications across correction settings.
- Develop a comprehensive, evidence based training model for service providers. This is the 1st year of a two-year Justice Assistance Grant for Mental Health First Aid Training. Mental Health First Aid Instructor training/ Behavioral Health First Aid available to the Department of Corrections, Community Corrections, and Parole. Motivational interviewing and Cognitive Behavioral therapy will be incorporated into workforce training.

Continuity of Care

- Streamline processes and associated paperwork across systems.
- Develop standard behavioral health protocols for health information exchange.
- Reform assessment requirements to avoid duplicate assessments.
- Identify the "Top 400" utilizers of services across state agencies and improve service delivery to this population with increased efficiencies.
- Identify performance indicators and develop an initial baseline report for a performance dashboard).
- Compile an initial inventory of existing evidence-base practices (EBPs) for utilization with the "Top 400".

Sustainability

- Expand the involvement of the State Judicial Branch and the Department of Education.
- Set forth a declaration of the vision and intent for comprehensive behavioral health transformation.
- Recodification of existing statute to consolidate behavioral health related statutes where appropriate.
- Establishment of a commitment from each of the three branches of government.
- Implementation of specific provisions of the Transformation Transfer Initiative implementation plans.
- Begin a process for aligning the myriad groups, taskforces and commissions

Prevention/Intervention under 26

- Support local communities in their efforts to leverage prevention and intervention resources.
- Coordinate with the Lieutenant Governor's Race to the Top Initiative.
- Coordinate with the Lieutenant Governor's Office and Colorado's Early childhood framework to develop standards for professionals.
- Complete a review of youth transition plans across state and provider agencies.

The BHTC also submitted a competitive grant application to SAMHSA/Center for Mental Health Services to increase the capacity of certain providers to deliver supported employment services and is awaiting news of a potential award.

INTER-DEPARTMENTAL COLLABORATION EFFORTS

DBH is involved in numerous inter-and intra-departmental collaboration efforts. Other agencies with which DBH collaborates include, but are not limited to: the Office of the Governor, the Departments of Corrections, Public Safety, Education, Public Health and Environment, Health Care Policy and Financing, Regulatory Agencies, Revenue, Transportation, Local Affairs, Office of Homeland Security, and the State Court Administrator's Office. Examples of inter-departmental collaborations include:

- **Prevention Leadership Council (PLC)** (C.R.S. 25-20.5), an ongoing collaboration among 5 state agencies aimed at implementing a seamless interagency approach to the delivery of state and federally funded prevention programs. Coordinates Statewide Substance Abuse Prevention Services with the CDPHE, Division of Prevention and Intervention.
- **Legislative Oversight Committee, Task Force of the Continuing Examination of Persons with Mental Illness in the Criminal Justice System**, an interagency task force comprised of the Departments of Human Services, Public Safety, Corrections, Education, Public Health and Environment, Health Care Policy and Financing, State Court Administrator's Office, county jail administrators, community providers, families, and advocacy organizations.
- **Interagency Advisory Committee on Adult and Juvenile Correctional Treatment (IACAJCT)**, an interagency council representing the Department of Human Services (Division of Behavioral Health and Division of Youth Corrections), Department of Corrections, Department of Public Safety, the State Parole Board, and the State Court Administrator's Office with the goal of improving supervision and treatment of juvenile and adult offenders.
- **Alcohol Drug Driving Safety Program (ADDS)**, an interagency collaboration with State Judicial, the Department of Revenue/Division of Motor Vehicles, and the Department of Transportation concerning the statewide ADDS including oversight of the education and treatment services delivered to Driving Under the Influence (DUI), Driving While Ability Impaired (DWAI), and the Persistent Drunk Driver (PDD) Programs.
- **Interagency Taskforce on Drunk Driving**, a.k.a. Statewide DUI Task Force (C.R.S. 42-4-1306 (3) (a) (VI), C.R.S., as amended. Representatives from the Department of Transportation, Human Services, and Revenue, as well as state and local law enforcement, representatives from the beverage industry, and advocacy organizations such as MADD, meet to develop recommendations regarding the statewide coordination of DUI services.
- **Interagency Taskforce on Treatment**, (C.R.S. 16-11.5-102 (4) (a)) related to implementation of SB 03-318 treatment funds to local treatment boards involving the Public Defenders' Office, the District Attorney, and a probation officer appointed by the Chief Judge.
- **State Methamphetamine Taskforce**, (C.R.S. 18-18.5-5-103 (2) (III)) chaired by the Attorney General with 25 appointed members to comprehensively address methamphetamine and other substances impacting Colorado communities.
- **Mental Health Planning and Advisory Council**, (Public Law 99-660 in 1986, and continuing through Public Law 101-639 (1990) and Public Law 102-321 (1992)) The Purpose of this council is to exchange information and develop, evaluate and communicate ideas about mental health planning; write and amend strategic plans for mental health services in the State of Colorado; advise the Colorado state government concerning proposed and adopted plans for mental health services provided or coordinated by the state; monitor, review and evaluate the allocation and adequacy of mental health services in Colorado and to advise the Colorado state government concerning the need for and quality of services and programs for persons with mental illness in the state; develop and take advocacy positions concerning mental health legislation and regulations. At least 51% of Council is comprised of consumers and family members.

- **Juvenile Justice and Delinquency Prevention Council**, (Federal Juvenile Justice and Delinquency Prevention Act of 2002 (Public Law, 93-415, as amended))-establishes priorities for the funding from the Office of Juvenile Justice and Delinquency Prevention and serves in an advisory capacity to the Governor and State Legislature as well as state agencies on juvenile justice and delinquency prevention.
- **Advisory Board – Service Standards and Regulations (27-65)**, statutory reference creating the authority and duties of the body: “Care and Treatment of Persons with Mental Illness Act.” Section 27-65-100, C.R.S., et seq. Advisory to DBH in carrying out its regulatory oversight and statutory responsibilities.
- **Health Care Policy and Financing Advisory Board**. Consumer and Stakeholder advisory group to HCPF
- **Addiction Counselor Advisory Committee**, Department of Regulatory Agencies (DORA). DBH is represented as a member of the five-member Advisory Committee, to review complaints and make recommendations to the Director for discipline and certification/licensure purposes.
- **Court Improvement Committee**, Administration for Children and Families (ACYF-CB-PI (update with new basic CIP PI) and ACYF-CB-PI-06-05)
- **Prescription Controlled Substance Abuse Monitoring Advisory Committee**, (PDMP) (C.R.S. 25-1.5-401, as amended) located within the Department of Regulatory Agencies.
- **Persistent Drunk Driver Committee** (Pursuant to HB 98-1334. C.R.S. 42-3-130.5 (relocated to 42-3-303 in 2005)) which establishes the persistent drunk driver cash fund and identifies the Departments of Transportation, Revenue, and Human Services to coordinate and to accomplish the goals of the fund. DBH is the lead state agency.
- **State Traffic Records Advisory Committee** (STRAC) under the auspices of the Department of Transportation. Although STRAC has a 10+ year history, a Memorandum of Understanding was signed in March 2006 by the six state agencies involved in order to facilitate the STRAC strategic plan.
- **MacArthur Foundation Grant Models Systems of Change**, a collaboration among the Division of Youth Corrections, the Department of Public Safety, and the Division of Behavioral Health.
- **Strategic Council on Homelessness**, State agencies and county providers coordinate services for homelessness prevention and intervention
- **Colorado Interagency Coordinating Council**, The CICC exists by authority of Part C of the federal Individuals with Disabilities Education Act (IDEA), 20 U.S.C. section 1441 and its membership is appointed by the Governor of Colorado. Their authority is only to advise and assist the Lead Agency in the statewide early intervention supports and services system, in identification of fiscal resource, development of interagency agreements, preparation of applications and annual reports, transition of toddlers from EI to preschool and other services at three years of age.
- **Colorado Governor’s Community Corrections Advisory Committee**, The CCAC exists by authority of the Governor to advise and assist the Division of Criminal Justice, which administers the Community Corrections Program. The Council analyzes and identifies problems or needs; recommends policy modifications; recommends procedural changes; develops strategies; serves as a forum for community corrections issues; and participates in planning efforts.
- **Interagency Health Disparities Leadership Council**, provides a formal mechanism for state agencies within Colorado to develop coordinated strategies to address the antecedents to health

disparities, i.e., the social determinants of health e.g., poverty, lack of education, unemployment, difficulties in accessing healthcare, etc.

- **Opiate Clinical Advisory Group**, Representatives from the stakeholder community involved with opioid treatment (State Methadone Authority, opioid treatment staff, the Hepatitis C Coordinator from Public Health and Environment, and a representative from the Drug Enforcement Administration) discuss opioid treatment and how best to continuously improve opioid treatment in the State of Colorado.

DBH is involved in numerous intra-departmental collaboration efforts. Specific agencies include: Division of Youth Corrections, Child Welfare, Division of Vocational Rehabilitation, Division for Developmental Disabilities, Mental Health Institutes (State Psychiatric Institutes), Domestic Violence Programs, and Supportive Housing and Homeless Programs. Examples of intra-departmental collaboration:

- **SB 94 Advisory Committee** under the Division of Youth Corrections
- **Traumatic Brain Injury Board**
- **State Steering Committee for HB04-1451** (C.R.S. 24-1.9-101, as amended) Collaborative management of multi-agency services provided to children and families by county departments of human/social services and other mandatory agencies
- **Institutional Abuse Review Team**, and the
- **Colorado State Child Fatality Prevention Review Team** (Part 4 of Article 20.5 of title 25 C.R.S.) both lead by the Division of Child Welfare
- **Governing Boards of the Mental Health Institutes at Pueblo and Ft. Logan**

COMMUNITY COLLABORATIONS

DBH is involved in numerous community collaboration efforts. Specific involvements include:

- **Larimer County Mental Health and Substance Abuse Partnership Steering Committee**
DBH provides state representation to the Steering Committee to facilitate integration activities and education.
- **Colorado System of Care Collaborative**, a diverse group of family members, advocacy organizations, state and local mental health, child welfare, education, developmental disabilities, substance abuse, childcare, health and juvenile justice agencies and community providers focused on developing a statewide framework for implementation of systems of care.
- **Projects for Assistance in Transition from Homelessness (PATH)**.
- **Denver Housing First Collaborative (DHFC)** a collaboration between Colorado Coalition for the Homeless, the Mental Health Center of Denver, Arapahoe House, Denver Health, the Denver Department of Human Services and the Denver Veterans Administration Medical Center.
- **Persistent Drunk Driver (PDD)** As part of the overall state plan to address persistent drunk drivers, DBH funds support a media campaign and educational worksite program to interrupt the pattern of repeat DUI offenses in select communities of Colorado that have elevated statistics for repeat DUI offenders.
- **Law Enforcement Assistance Funds (LEAF)** legislation created a surcharge on drunk and drugged driving convictions to help pay for enforcement, laboratory charges, and prevention. Surcharge dollars go to DBH Substance Abuse to establish community-based impaired driving prevention programs for the following mandated populations: the general population, teachers of youth, health professionals, and law enforcement.

- **Coalition of Campus Alcohol and Drug Educators (CADE).** DBH funds the BACCHUS Network to provide state coordination services for CADE. This contract provides training, resources, information and support for campus professionals responsible for alcohol and drug prevention and health promotion at two and four year institutions of higher education in Colorado.
- **Screening, Brief Intervention, Referral and Treatment (SBIRT)** is a SAMHSA grant program that aims to reduce healthcare costs associated with substance abuse by more effectively identifying persons at risk for addiction and substance abuse disorders. Specifically, the grant focuses on screening and intervention in medical settings, particularly emergency rooms.
- **Colorado Access to Recovery (ATR) is a SAMHSA/CSAT grant program,** that expands access to substance abuse treatment and recovery support services to over 6,000 people in a three-year period. ATR works toward expanding existing treatment capacity, increasing client choice of treatment providers, and enhancing the participation of community and faith based organizations in providing support of individuals with substance abuse problems. Criteria for participation include being age 25 or younger, or having used methamphetamines in the past 30 days or if institutionalized, in the 30 days prior to institutionalization, or being referred to ATR by an SBIRT health educator.

SUGGESTIONS TO ENHANCE CURRENT OPERATIONS OF DBH PROGRAMS

Standardize mental health and substance abuse outcome measures across the state to include efficiency, service utilization, service quality, client improvement, client satisfaction, financial performance measures, and provide real incentives for the system to achieve such outcomes.

Develop a real-time performance feedback and management system that will inform each agency and its management team of how they are performing on the above indicators on a monthly basis.

Collaborate with each agency in the system to assist in improving performance by aligning local, regional, state, and national initiatives

Integrate the Uniform Minimum Standards for Prevention Programs in all prevention-funded programs.

Provide additional resources to increase the frequency and quality of professional development/technical assistance, and training for the behavioral health workforce.

SUGGESTIONS TO IMPROVE CURRENT OPERATIONS OF DBH PROGRAMS ACROSS THE STATE

Increase funding for mental health and substance abuse prevention, early intervention, treatment, and recovery services. Division of Behavioral Health's services are significantly under funded and address only a fraction of the current needs across the state.

Expand the use of innovative program quality monitoring and consultation to improve collaboration, reduce provider burden, and increase efficiencies.

Improve customer service and provider accountability statewide by increasing access to provider performance results and best practices in behavioral health.

DESCRIBE ANY CROSS SYSTEM, OUTCOME BASED PERFORMANCE MEASURES THE DEPARTMENT WOULD RECOMMEND BE IMPLEMENTED TO ENSURE COLLABORATION

DBH currently collects national and statewide outcomes measures through two web-based systems, the Treatment Management System (TMS) and the Colorado Client Assessment Record System (CCAR). DBH licensed, designated, or approved service providers statewide utilize these web-based systems data systems to report such information. DBH utilizes the data and information to produce reports, determine the quality of services, and otherwise fulfill its responsibilities to the state and federal government as the State's Mental Health and Substance Abuse Authority. Additional recommendations include:

- Increase utilization of the interagency Uniform Minimum Standards by prevention and intervention providers.
- Develop a unique client identification process whereby it is possible to identify a common client across systems.
- In a previous interdepartmental planning effort aimed at reducing recidivism and improving functioning of high-risk juvenile and adult offenders with substance abuse or mental health needs, the following outcomes were identified:
 - Treatment matching, treatment attendance, treatment completion rates, compliance with medication, new arrests and filings, new sentences to prison, probation revocations, lower rates of substance abuse and abstinence rates, stabilization of mental health functioning, increase in education levels, employment stability, housing stability, decreases in medical and psychiatric emergency room visits and hospital admissions, income and payment of restitution and costs of intervention.
 - To address the future generation of Colorado citizens, there should be focused attention on preventing and reducing the substance using behavior of pregnant woman during and after pregnancy; promoting and assuring a safe child-rearing environment for the newborn and other children; and maintaining the family unit.
 - Reduce the age at first use of alcohol, tobacco, and other drugs (ATOD); reduce past 30 day use of ATOD; increase the perception of risk/harm of using ATOD, increase perception of peer disapproval of ATOD; and increase family communication regarding use of ATOD.

Increase screening and brief intervention in hospital emergency rooms, school-based settings, and other sites where youth and adults are likely to present with unidentified substance abuse or mental health needs.