Behavioral Health
Task Force
There are three subcommittees supporting the work of the Task Force.

- Children’s Behavioral Health
- Safety Net
- Long-Term Competency
Each subcommittee has been developing recommendations.

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<thead>
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<th>Children’s Subcommittee</th>
<th>Long-Term Competency Subcommittee</th>
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<td>Developed recommendations for</td>
<td>• Completed the Comprehensive Plan</td>
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<td>• Access</td>
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Current Focus Areas

• Quality
• Finances
• Governance

Current Focus Areas

• Jail diversion
• Assisted Outpatient Treatment
• IDD population
• Prioritizing Comprehensive Plan recommendations

The Safety Net Subcommittee has developed a model to address the challenges in our community behavioral health system based on what we heard from consumers.
Over 1,000,000 Coloradans are coping with mental health conditions and addiction.

**Problem:** Accessing services feels impossible.

- With over 8 different state agencies offering behavioral health services, consumers don’t know where to go.
- Consumers are limited on what services they can access based on their form of payment (i.e., Medicaid versus private insurance versus no insurance).
- Transitioning services (e.g., leaving the hospital to get intensive outpatient treatment) is daunting because the consumer has to start all over.
- Services are limited statewide due to the challenge in recruiting and retaining behavioral health professionals. Thus, consumers sometimes wait weeks or months for critical services.
- Clinicians spend an over-abundance of time on paperwork and have less time with consumers.
- Limited services result in heavy utilization of the criminal justice system to address behavioral health deficiencies. Consumers have to go to jail to access services and return to jail because there are no transitional or step-down services when they initially leave.

**Solution:** Services first. Payment later.

- Every person is offered “presumptive services.” They are guaranteed some basic services to ensure crisis needs are addressed immediately.
- Every person works with a care coordinator who helps them to identify providers that can meet their needs. The care coordinator helps transitions between providers, ensuring paperwork is transferred and payment is addressed (behind the scenes).
- A care coordination entity builds a network of providers in communities so that there are choices. The entity is responsible for billing, as well as credentialing and paperwork. This frees up time for clinicians to do what they do best: serve consumers.
The proposed model would create a new state agency and add regional community coordination entities.
The new state agency would consolidate non-Medicaid community behavioral health services in one entity and collaborate with other agencies working on behavioral health.
This proposed model would add regional community coordination entities working closely with the RAES.
We are soliciting input and recommendations.

Behavioral Health Partnership (includes Mental Health Colorado, Colorado Providers Association, National Alliance on Mental Illness, Federation of Families for Children’s Mental Health)

Colorado Counties, Inc.

Community Based Organizations doing work related to Behavioral Health

Community Health Centers

Community Mental Health Centers

Consumers

Hospitals

Various Boards and Commissions (Mental Health Advisory Board, Program Improvement Advisory Committee, Treatment of Persons with Mental Health Disorders in the Criminal Justice System Committee, Behavioral Health Planning & Advisory Council)

Human Service Directors

Legislators

Multi-Payer Collaborative

Substance Use Disorder Providers

Telehealth & Broadband Workgroup
A Recap: The next few months will be busy. Many decisions will be made.

• There will be a decision on the safety net model that includes Behavioral Health Authority and Community Coordination Entities.

• The Children’s Subcommittee will make recommendations on governance, finance and quality.

• The Long-Term Competency Subcommittee will prioritize its recommendations in the Comprehensive Plan, as well as make recommendations on AOT, Jail Diversion and the IDD population.

• The Safety Net Subcommittee will complete its definition of “high intensity behavioral health programs” and begin to develop a plan to increase those types of programs across the state.