

## Agenda Item

**DATE:** AUGUST 17, 2021

**TO:** DOUGLAS COUNTY BOARD OF COUNTY COMMISSIONERS

**THROUGH:** DOUGLAS J. DEBORD, COUNTY MANAGER

**FROM:** DAN AVERY, AICP, SPECIAL PROJECTS MANAGER

**CC:** BARBARA J. DRAKE, DEPUTY COUNTY MANAGER  
MAGGIE COOPER, SPECIAL PROJECTS MANAGER  
LAURA CIANCONE, MENTAL HEALTH INITIATIVE COORDINATOR

**SUBJECT: AMERICAN RESCUE PLAN UPDATE – BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT AND SERVICES)**

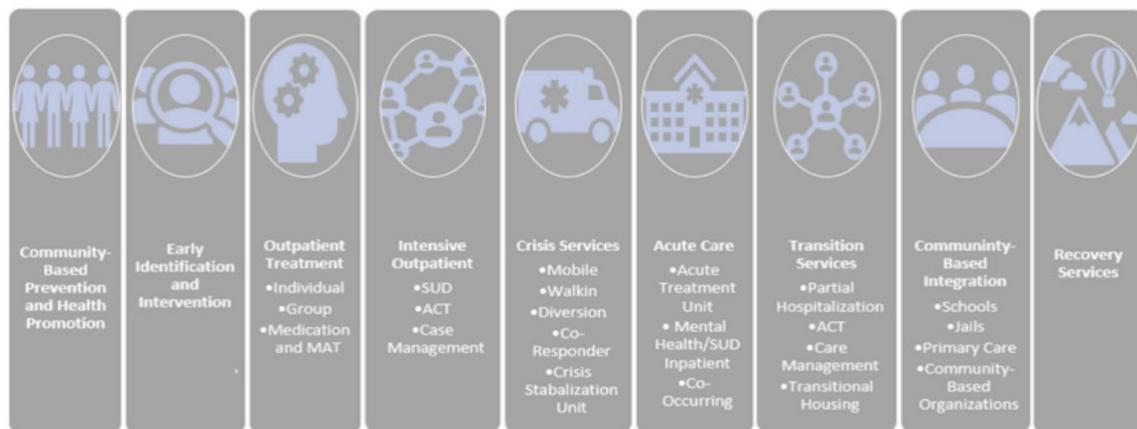
### SUMMARY

Through the American Rescue Plan Act (ARPA), Douglas County will receive an allocation of \$68,207,548 from the US Department of Treasury (Treasury). Douglas County is evaluating a range of possible ARPA investments in the areas of water and wastewater, economic development and job training, human services, and other eligible requests.

This work session is intended to provide further opportunity for discussion of potential behavioral health investments. The memo briefly highlights modes of behavioral health service delivery, statewide constraints, known local needs and gaps, funding sources, and the behavioral health expenditures previously discussed with the Board.

### COLORADO'S SERVICE DELIVERY CONTINUUM

The 2020 Statewide Behavioral Health Needs Assessment describes behavioral health services on a continuum:



Statewide, the report identifies the need for more community-based services, expanded sub-acute services (co-responder teams, walk-in services, and crisis stabilization units), additional acute services in rural areas in particular, and challenges locating and accessing inpatient psychiatric services.

The Needs Assessment describes a fragmented service delivery system, siloed funding mechanisms, and the need for greater care coordination and care management across the continuum. The report also discusses workforce shortages and highlights the need for more flexible funding mechanisms from the state that can support local solutions to behavioral health gaps and needs. The report highlights the need to move from a fragmented care system to “a coordinated and designed system to improve population health” that allows for “collective design, strategy and oversight of the continuum of services.” The report highlights the work done in Douglas County to “understand and address the behavioral health need in [its] communities” through the Douglas County Mental Health Initiative.

### **KNOWN NEEDS IN DOUGLAS COUNTY**

In consultation with Health Management Associates (HMA), Douglas County developed a *Blueprint for a Community Based Mental Health System in Douglas County* in 2019. The blueprint is built around a stepped approach to the “integration of behavioral health in primary care and expanding services in specialty behavioral health.” The blueprint identified areas of need that are consistent with the statewide Needs Assessment.

Identified needs generally fall into three areas of potential investment:

- Community-based Prevention and Health Promotion
- Care Coordination and Primary Care Integration
- Expanding Access to Sub-Acute, Acute, and specialized behavioral health care

Staff will present in greater detail existing and proposed initiatives within these priority investment areas.

Attached is a recap of the behavioral health initiatives that have been presented to the Board to date.

### **FUNDING OPPORTUNITIES**

There is a convergence of funding opportunities in the area of behavioral health that may allow for transformational changes to the state and local behavioral health system. At the state level funds from Medicaid and SAMHSA combined with opioid settlement funds and the state ARPA allocation provide significant ongoing and one-time funding opportunities.

The Behavioral Health Recovery Act (Senate Bill 21-137) was approved by the General Assembly this spring. The bill creates the \$550 million Behavioral and Mental Health Cash Fund (BMH Fund) to be used for mental health treatment, substance use disorder treatment, and other behavioral health services allowable under ARPA. The bill also

creates a legislative task force and subpanel to meet during the 2021 legislative interim to develop recommendations for spending funds received from the American Rescue Plan Act (ARPA) on behavioral health. Commissioner Thomas was appointed to this subpanel as a representative of County government.

The SB21-137 attachment gives a brief overview of the bill and identifies some of the initial allocations made under the bill. Staff, in consultation with HMA, will be prepared to discuss ways in which state funding may support or augment areas of potential investment in Douglas County.

At the local level, Douglas County can choose to allocate ARPA funding to behavioral health services, and opioid settlement funds will soon provide a relatively long-term ongoing revenue source for substance use disorder services. Partnerships involving County funds, local philanthropic contributions, and in-kind services from private and non-profit organizations will allow for unique strategic investments in the County.

### **NEXT STEPS**

Staff will continue to work with the Board on a prioritization process for ARPA proposals, present new and refined proposals for Board consideration, prepare monitoring reports for the Department of the Treasury, report to the Board on evolving Federal ARPA guidance, and monitor the work of State ARPA committees.

### **ATTACHMENTS**

Behavioral Health Project Descriptions  
Overview of SB21-137

## **PROPOSED PROJECT DESCRIPTIONS**

### **CRT Expansion- Request: \$498,000 annually, approximately \$300,000 one-time funding**

The Community Response Team is a unique response team of fire/EMS, law enforcement and a clinician responding at the scene when mental health is the primary issue. There are four teams, each with a case manager. Expansion to six teams would allow seven days-a-week coverage, a need repeatedly heard from partners. Expansion would include a second youth CRT we can expand coverage to include all schools within the county.

With the proposed expansion of the CRT program, a need for additional clinical support and oversight and would require a full-time clinical supervisor. The estimate above reflects funding needed to increase the current part-time supervisor position to full-time. Additionally, to support our law enforcement partners who contribute their services in-kind, we are requesting one-time funding to allow for the purchase of 3 law enforcement vehicles and all equipment associated with the establishment of the new teams.

### **Care Compact- Request: \$1,244,000 annually for 3 years**

The Care Compact is a project of the Douglas County Mental Health Initiative that formally links existing care coordination service providers through a streamlined network to serve vulnerable individuals with complex mental health, substance use disorder, and intellectual and developmental disability needs. People with serious mental illnesses, co-occurring disabilities, and substance use issues often have difficulty meaningfully engaging in treatment due to the challenge of navigating fragmented systems of care and when their social determinant of health or basic needs and other barriers remain unaddressed (Shim & Compton, 2018). The Care Compact meets whole person health needs efficiently by addressing individual and system-level barriers to care and wellness, while also connecting people with the treatment services that will improve their quality of life.

Community members and professionals across the state of Colorado have shared in interviews with the Behavioral Health Taskforce that our mental health system is siloed, and it is not appropriately meeting the needs of individuals with serious mental illnesses and disabilities. Due to this finding, one of the Big 3 recommendations for system reform is to implement and improve care coordination. Douglas County leads the way in this effort by creating a network of committed partner organizations willing to collectively implement a county-wide care coordination program called The Care Compact. The partner organizations are as follows: Douglas County Administration (The Care Compact Navigator), Douglas County Department of Human Services, Developmental Pathways, Rocky Mountain Human Services, the Community Response Teams, Signal Behavioral Health Network, The Rock Church, Centura Health, HealthONE, All Health Network, Colorado Access, and Julota. By connecting these systems of care, the objectives of the Care Compact are to reduce the duplication of services, decrease reliance on emergency

and acute care services, reduce criminal justice involvement, remove barriers to care and improve access, prevent gaps in treatment, and streamline information sharing to develop a coordinated effort to improve whole person health. By supporting people appropriately in the community towards wellness and diverting reliance on emergency safety net systems, there is cost savings for community members, families, and the agencies within the behavioral health system.

Between December 17, 2020 and July 27, 2021, The Care Compact received 24 referrals, served 17 clients, and has held 50 care coordination meetings to address safety, stabilization, and other health-related needs. So far in the pilot, TCC has worked in partnership with eight different agencies to coordinate care: the Community Response Team, All Health Network, Department of Human Services, The Rock Church, Centura Health, Developmental Pathways, Colorado Access, and Rocky Mountain Human Services. When comparing TCC clients' utilization of emergency services before and after TCC involvement, CRT encounters were reduced by 91%, Adult Protection reports showed a 100% decrease, and Law Enforcement contacts were reduced by 53%. With additional funding, TCC can help the network build capacity to serve more Douglas County residents needing enhanced support in meeting their whole person health needs. It is the goal to expand the program to allow for Douglas County residents to access the service by self-referral.

### **AllHealth Network Crisis Stabilization Unit - \$1.8 Million**

AllHealth Network proposes establishment of a behavioral health facility in Douglas County. The proposed facility would consist of a "Walk in Center (WIC) open to all ages and a 10,000 sf 16-bed Child and Adolescent Crisis Stabilization Unit (CSU) for ages 5 to 21." As described in the proposal, the facility would be the first of its kind in Douglas County, and would address a known youth mental health need for Douglas County citizens.

The requested ARPA allocation would cover start-up costs and operating expenses for the new facility during its initial six months of service provision. After that, AllHealth indicates that the facility operations would be funded through Medicaid revenue and "supplemental funding from the Office of Behavioral Health."

### **Julota - Request: \$120,000 annually and \$50,000 one-time fees**

Julota provides the case management, data collection and reporting platform for the Community Response Team program, and The Care Compact (TCC). There is strong support from law enforcement partners to expand the Community Response Team program, and in the next year up to eight community partners are expected to begin using Julota for care coordination related to The Care Compact including two hospital networks, the community mental health center, regional accountable entity, community centered board, faith based community, human services and the managed service organization for

substance use and mobile crisis. Over time additional expenses are anticipated to effectively manage CRT and TCC caseloads, comply with necessary privacy standards, accommodate a growing network of partners utilizing Julota and to enhance data collection, reporting and communication through data system integration.

**Suicide Prevention - Request: \$250,000-\$500,000 annually for 3 years**

Staff proposes to administer a grant program for evidence based, research informed, promising practices and/or innovative approaches for suicide prevention, similar to the non-profit grant program launched by the county with CARES Act dollars in 2020. Effective suicide prevention requires multiple approaches with a focus on building protective factors and community capacity to prevent and respond to suicide while reducing risk factors. Therefore, the recommendation is to accept data driven proposals that span a continuum of strategies from multiple sectors including:

- Mental health promotion. This may include workplace wellness initiatives, community education and training, anti-stigma efforts, enhancing screening practices across agencies who work with the public.
- Suicide prevention. This may include the implementation of evidence based, research informed, promising practices and/or innovative programing that promotes connectedness, community safety, resiliency, and social and emotional learning.
- Clinical services. This may include ensuring capacity for behavioral health intervention to mitigate suicide risk (prevent attempt, prevent re-attempt), enhancing screening practices, scholarships to improve access to care, training for health practitioners. Postvention and recovery. This may include strategies that help build community capacity to respond to suicide attempts and suicide death, i.e. re-entry support when returning to school or the workplace, and support for survivors of suicide such as family members and friends.

**Veterans - Request: \$332,600 for three years**

According to the state Office of Veterans Affairs suicide prevention team, Douglas County had 112 veteran deaths by suicide between 2004 and 2019, representing 16% of all suicide deaths during this time period. The 2020 Colorado Office of Behavioral Health (OBH) Needs Assessment identified veterans as one of the top priority populations in Colorado. Douglas County proposes a multi-county collaborative network to serve veterans with a three-pronged approach:

- A full-time, specialized, veteran specific position employed by the community mental health center, AllHealth Network, available to both Douglas and Arapahoe County Veteran Affairs Offices to accept referrals for mental health and substance use disorder support, provide clinical services, and include offering follow-up

support to veterans who present at the crisis walk-in center campus and collaborating with area Co-Responder teams who encounter veterans in crisis in the community. Service will be offered to veterans regardless of insurance coverage.

- A part-time Douglas County Veteran Service Officer (VSO), whose primary duties would be to design and implement strategies for veteran's mental health promotion and suicide prevention.
- Finally, in support of enhancing specialized training, we propose offering Mental Health First Aid, the veteran module, to the eight Veteran Service Officers among Douglas and Arapahoe Counties. The eight VSOs would include the specialized VSO position proposed above.

**Grants to Non-Profit Partners- Request: \$3.5 million**

Funding could be made available to non-profit partners through a grant program for organizations who can demonstrate they can or have increased services to meet COVID related needs. This proposed grant project could provide one-time assistance for capital improvements which allow partners to increase their operational capacity and provide enhanced services. Examples of this may be purchasing a refrigerated truck so food supplies can be distributed to local food banks more efficiently, or enhancing the capacity of Douglas County's mental health and substance use disorder support system, including crisis services, and safety net capacity for vulnerable youth and adult populations. Expansion of crisis services, including mobile crisis, would directly support the CRT and Care Compact programs, as well as the pending implementation of 988 which is expected to increase call volume for mental health crisis by 40% and have a downstream impact on the behavioral health workforce and system capacity.

### **Behavioral & Mental Health Cash Fund (SB21-137)**

The bill creates the Behavioral and Mental Health Cash Fund (BMH Fund) to be used for mental health treatment, substance use disorder treatment, and other behavioral health services allowable under ARPA. The bill transfers \$550 million to the fund from the ARPA of 2021 Cash Fund and creates a task force to meet during the 2021 interim to develop recommendations for spending funds received from the American Rescue Plan Act (ARPA) on behavioral health.

For FY21, the bill appropriates \$114 million in expenditures, \$99 million of which comes from the BMH Fund. Notable appropriations include:

- \$4 million from the general fund for temporary housing assistance to individuals with substance use disorders
- \$10 million from the BMH Fund to Managed Service Organizations for substance use disorder treatment and recovery.
- \$3.25 million from the general fund to Community Mental Health Centers (AllHealth in Douglas and Arapahoe Counties) for unanticipated expenses related to COVID-19.
- \$5 million from the BMH Fund for the Colorado Crisis System
- \$2 million from the BMH Fund for services provided to children and parents by school-based providers.
- \$3 million from the BMH Fund for the High-Risk Families Cash Fund.
- \$1 million from the BMH Fund for a mental health awareness campaign.
- \$18 million from the BMH Fund for a workforce development program to recruit, retain, and train the behavioral health workforce
- \$30 million from the BMH Fund for Statewide Care Coordination Infrastructure for uninsured and publicly funded clients (to be developed under the newly created BHA - Behavioral Health Administration)
- \$10 million from the general fund for co-responder programs for Colorado Crisis System services, housing assistance, and treatment for rural communities.
- \$2 million from the BMH Fund for behavioral health and substance use disorder treatment for children and their families.
- \$500,000 from the BMH Fund for guardianship services for individuals transitioning out of mental health institutes.
- \$5 million for jail based behavioral health systems.
- \$500,000 from the BMH Fund for the Early Childhood Mental Health Consultation Program.