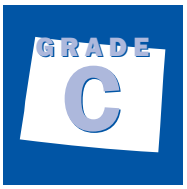

Colorado

In 2006, Colorado received a U grade for "unresponsive" because the Division of Mental Health (DMH) did not assign staff to complete the survey. Three years later, transparency has returned, and the state's mental health care system receives a C grade. It is a baseline to measure future progress.

Colorado has established an ambitious vision for integrated behavioral health services, as outlined in the 2008 report of the legislatively created Behavioral Health Task Force (the "1050 Task Force"). First Lady Jeannie Ritter is also a champion of mental health issues.

DMH provides mental health services through contracts with 17 community mental heath centers and a handful of specialty clinics. The Office of Behavioral Health and Housing oversees the state's two mental health institutes and its supportive housing and homeless programs. The Department of Health Care Policy and Financing (DHCPF) administers Medicaid-funded mental health services.

A key theme of the "1050 Task Force" recommendations is integration and coordination of services to reflect that mental illness, substance use, and other disorders are often co-occurring. The shift in emphasis is significant—particularly since it was not until 2006 that the state's Medicaid program provided an outpatient substance use treatment benefit. The state also expanded its parity law in 2007 to include substance use disorders and additional mental health disorders, including post-traumatic stress disorder (PTSD).

Colorado still lacks a process to permit enrollment of eligible persons with severe mental illness in the state's Medicaid program before a formal federal disability determination has been made. In 2008, however, the legislature passed a law to suspend, rather than terminate, Medicaid benefits for people sentenced to jail or prison—along with other measures to connect individuals with mental illness in the criminal justice system with public benefits.

Denver's Metro Crisis Triage Project also represents an effort to connect people with the correct crisis stabilization services rather than have them fall into the criminal justice system. The project holds promise for the metropolitan area, but underscores the state's lack of adequate crisis stabilization services, particularly in rural areas. Needs also extend beyond crisis services. Many communities struggle to provide evidence-based practices (EBPs) and supportive housing programs. For persons without Medicaid, access to mental health services is extremely limited. This leads to increased stress on other systems, such as jails and emergency rooms. While Colorado has successfully implemented police Crisis Intervention Team (CIT) training, it has only two operational mental health courts.

In addition, the state lacks uniform data collection for programs and monitoring of fidelity to EBPs. Fortunately, the Colorado Behavioral Healthcare Council has piloted a "data dashboard," and the state is beginning to assess program fidelity.

Colorado has a vision, but the state will need to invest the funds necessary to make "1050 Task Force" recommendations a reality.

Innovations

- "Data dashboard" initiative
- Connection to benefits legislation
- Expansion of parity legislation

Urgent Needs

- Crisis services
- Alternatives to incarceration
- Interagency health information systems
- Non-Medicaid mental health services

Consumer and Family Comments

- *"The people working at the county mental health center really care and do their best for each patient even when they are severely overloaded."*
- *"There is little care available if you have no insurance or Medicaid. Also, most people do not have a clue how to navigate the system . . . "*
- *"The inclusion of peer support specialists is the best thing that has ever happened in public mental health."*