



MENTAL HEALTH

PORTFOLIO IMPACT AND LEARNING SUMMARY

TEN YEAR VISION

- **80% OF COLORADANS HAVE ACCESS TO COMPREHENSIVE CARE THAT INTEGRATES PHYSICAL AND BEHAVIORAL HEALTH.**

MENTAL HEALTH PORTFOLIO – MONITORING METRICS:

INTEGRATED CARE METRIC:

The Colorado State Innovation Model (SIM) continues with a major effort to integrate physical and mental health care and move toward value-based payment models. SIM data indicates that 321,543 patients received integrated care in cohort one; seven health insurance plans are working collaboratively with SIM to financially support whole-person, patient-centered care; and a total of 400 primary care practices will be supported during the four-year project, representing 1/3 of the primary care practices in the state.

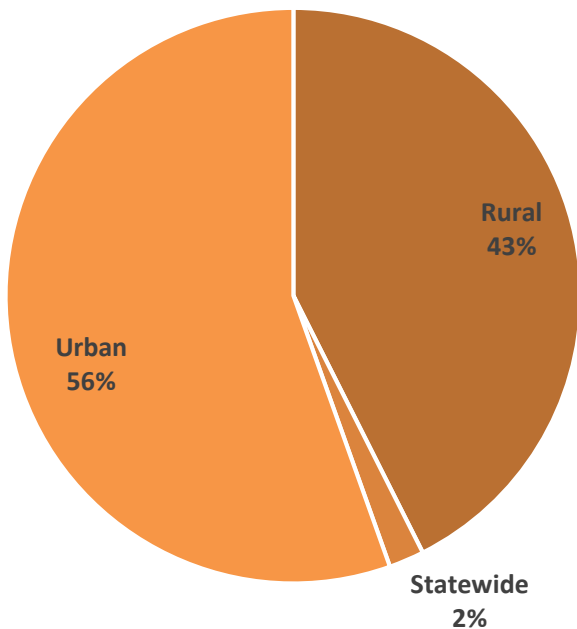
MENTAL HEALTH IN COLORADO METRICS:

Metric	Population	2015 Data	2016 Data	Data Source	Frequency of Collection
Had poor mental health (8 or more days of poor mental health in the past 30 days)	Adults 18 and older	13.7%	14.9%	Behavioral Risk Factor Surveillance System	Annual
Needed mental health care in the last 12 months but did not get it at that time	Adults 19 and older	11.1%	N/A	Colorado Health Access Survey	Every two years
Ever diagnosed with a depressive disorder	Adults 18 and older	18.2%	18.5%	Behavioral Risk Factor Surveillance System	Annual
One or more days of poor mental health in the past 30 days	High School Age Students	64.3%	N/A	Healthy Kids Colorado Survey	Every two years
Felt so sad or hopeless almost every day for two weeks in a row that they stopped doing some usual activities	High School Age Students	30%	N/A	Healthy Kids Colorado Survey	Every two years
Needed mental health care or counseling the last 12 months	Children (4-14 years old)	15.3%	15.7%	Colorado Child Health Survey	Annual

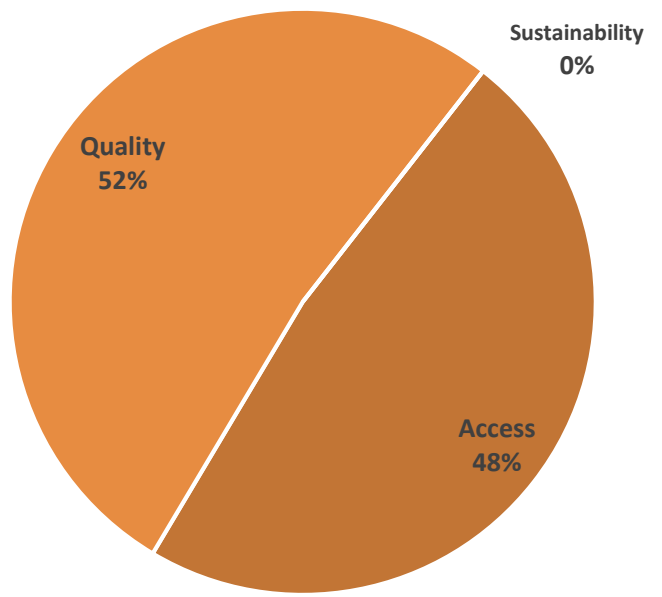
GOAL ONE: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES THROUGH THE INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH CARE.

	2015	2016	2017
NUMBER OF GRANTS	9	4	10
TOTAL FUNDS	\$454,145	\$373,977	\$589,542
ESTIMATED NUMBER SERVED	(4831 with 6 final reports submitted)	<i>*Pending submission of final reports</i>	<i>*Pending submission of final reports</i>

Geographic Distribution of Funds*



Distribution of Funds by Objective*



**Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Mental Health Goal One.*

Grantee Objectives*			Overall Assessment of Impact*		
Not Met	Partially Met	Fully Met	Low	Medium	High
-	17%	83%	-	50%	50%

Staff Reflections and Stories

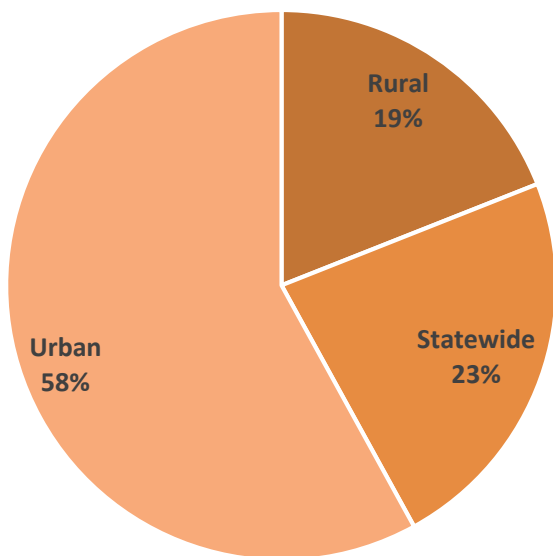
(Final reports have been submitted for 6 grants under this goal)

- Though efforts to integrate physical and mental health are progressing in the state, there is still considerable work to be done in increasing access, transforming practices, and improving the quality of integrated care. Therefore, CFC continues to see requests for access and quality improvement as opposed to sustainability.
- As evidenced by the assessment of impact, integrated care greatly enhances access to comprehensive services and limits barriers to receiving quality care, particularly among the underserved. Several CFC grantees serve specialized populations, bringing needed integrated services to marginalized Coloradans. Clinica Colorado and Denver Indian Health and Family Services represent two such organizations.
- Integrated care may also help to address persistent workforce shortages by targeting mental health professionals for integrated practices and providing a unique, interdisciplinary work experience. St. Mary's Residency program, a grantee that CFC has funded for multiple years, has advanced integrated care in 30 plus practices in rural communities through technical assistance, education, and training. Additionally, St. Mary's has impacted the workforce on the Western Slope by rotating and encouraging residents to practice rural, integrated medicine and identifying mental health practitioners. St. Mary's represents a significant partnership for CFC by bringing mental health care to rural residents but also addressing persistent workforce shortages of providers and behavioral health practitioners.

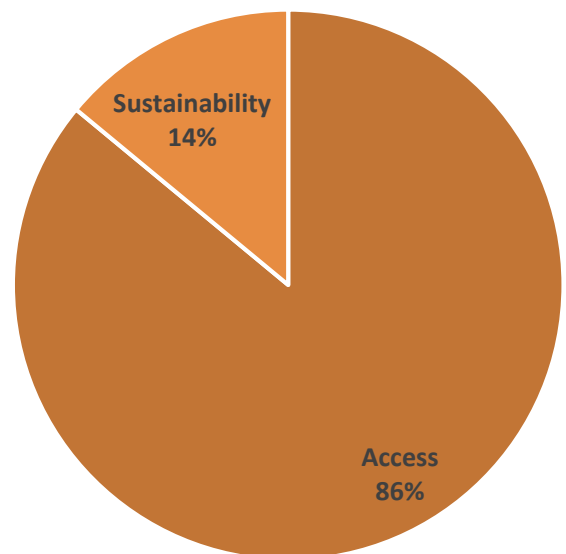
GOAL TWO: INCREASE THE AVAILABILITY OF COMMUNITY-BASED MENTAL HEALTH PROGRAMS FOR UNDERSERVED POPULATIONS.

	2015	2016	2017
NUMBER OF GRANTS	15	12	8
TOTAL FUNDS	\$693,641	\$693,528	\$479,690
ESTIMATED NUMBER SERVED	(6,123 with 12 final reports submitted)	(2,709 with 4 final reports submitted)	<i>*Pending submission of final reports</i>

Geographic Distribution*



Distribution by Objective*



* Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Mental Health Goal Two.

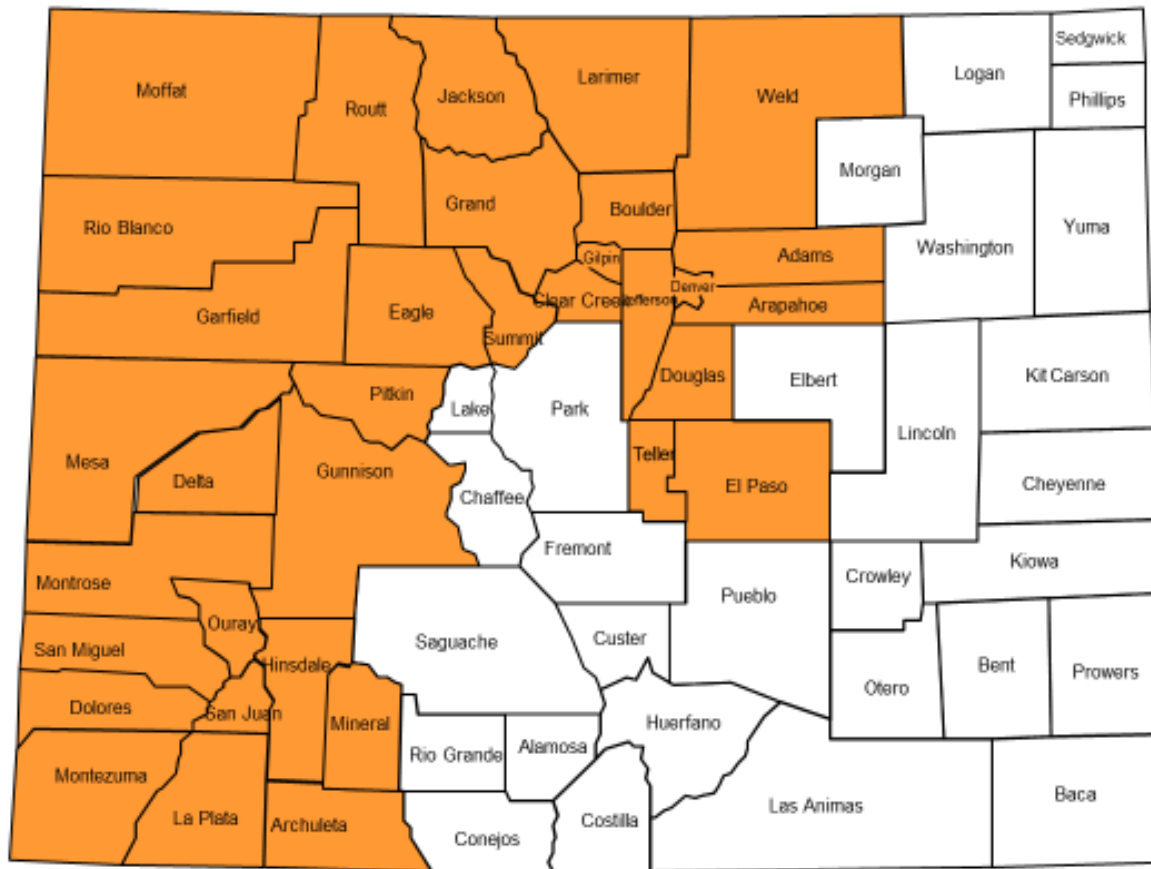
Grantee Objectives***			Overall Assessment of Impact***		
Not Met	Partially Met	Fully Met	Low	Medium	High
6%	25%	69%	6%	44%	50%

Staff Reflections and Stories

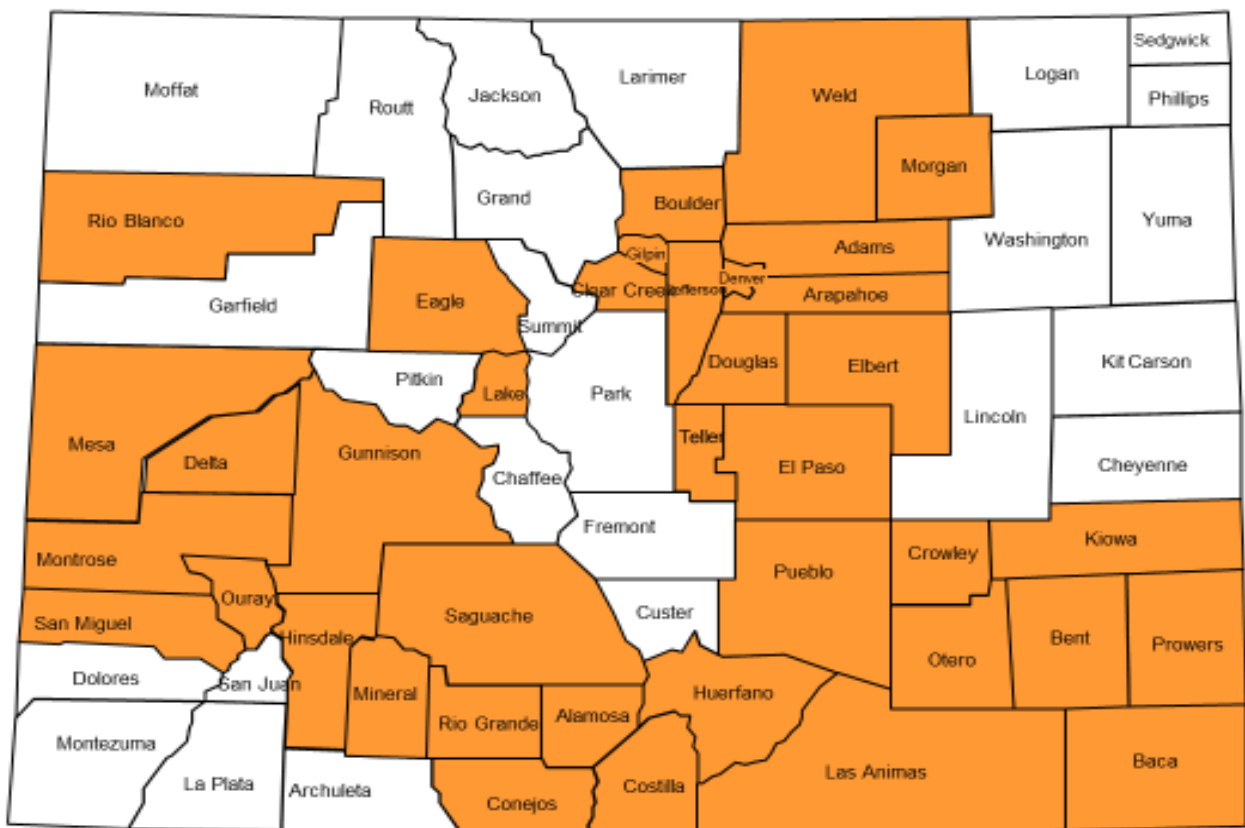
(Final reports have been submitted for 16 grants under this goal)

- The above charts highlight the significant gaps in mental health services that persist, particularly in our rural and frontier counties, and how access to these services can positively impact the health and well-being of communities. We engaged with mental health leaders in Chaffee and Fremont counties this year and learned more about the challenges of meeting mental health needs in rural communities. Moving forward, we will continue our community engagement efforts around the state and try and support increased projects in rural Colorado.
- In addition to needed mental health care, goal two also represents successful efforts to address social determinants of well-being in a mental health context. Jefferson Center for Mental Health brings much needed mental health services to veterans, a group particularly vulnerable to chronic mental health issues; Asian Pacific Development Center far exceeded their goals of addressing the mental health needs of Asian and Pacific Islander Refugees; St. Francis center provides counseling for hundreds of individuals experiencing homelessness; and Centro de la Familia and Servicios de la Raza bring culturally aware, mental health services to our Latino immigrant populations faced with increasing discrimination.
- Policy is an important, critical part of advancing CFC’s long-term mission and vision. Our support for Healthier Colorado represents the only low impact grant due to the failed passing of additional tobacco taxes. Numerous lessons were learned from this investment. The failure to increase revenue for mental health access for adolescents reinforces the critical role of CFC in recognizing the needs of this population.
- Though the 2017 investment in community-based services decreased, the investment in integrated services was the greatest it has been over the three-year strategic plan, perhaps representing the changing delivery model of mental health care.

MENTAL HEALTH – GOAL 1, INTEGRATED CARE – GEOGRAPHIC IMPACT OF ALL AWARDS 2015-2017



MENTAL HEALTH – GOAL 2, COMMUNITY-BASED SERVICES – GEOGRAPHIC IMPACT OF ALL AWARDS 2015-2017



MENTAL HEALTH GRANT SUMMARIES
GRANTS WITH COMPLETED FINAL REPORTS

Organization	Grant Amount	Grant Summary Statement (as written by grantee)
All American FAMILIES PLUS	\$36,000	Families Plus connected 69 children with complex needs to integrated physical, behavioral and dental care that also included relationship, educational, and skill-building supports, and also supported more than 100 caregivers and family members. Children enrolled in the program demonstrated behavioral improvements and increased stability. Substantial progress was made in expanding insurance funding to pay the costs of wraparound integrated health care for vulnerable children throughout the state of Colorado, allowing for program expansion and the addition of more behavioral health staff to Family USA's care team.
Asian Pacific Development Center	\$64,800	APDC continues to receive strong foundation and local support for its services and has consistently met objectives and goals as far as enrollment and care to the AAPI community. The report indicates the need to further explore substance abuse needs in the community (reflected in October 2016 request) demonstrating strong efforts to evaluate true needs of the community. The report also notes transportation as ongoing issue, a consideration for potential funding support moving forward. 693 individuals received integrated health education by APDC staff. This is a 138% achievement of the intended goal. We are also pleased with the large number of referrals that our behavioral health clinic received. We had a total of 142 refugee and immigrant referrals which is a 236% increase of the targeted goal. But what we are most proud of is our 18 reoccurring psychosocial, wellness, and chronic disease groups that would not have been possible without the support and funding from Caring for Colorado. The groups provide culturally and linguistically competent services to underserved AAPI refugee and immigrant communities. The group format is based on overall wellness -- healthy mind, body, and spirit -- and offers the group members with psychosocial skills, health and wellness education, physical exercise, and socialization with other community members. The groups are a sought after service that will continue long into the future.
Centro de la Familia	\$39,000	Centro address the behavioral health needs of Spanish speaking individuals in El Paso county by providing continuity of quality services to the Hispanic/Latino population of El Paso and Teller Counties. Additionally, Centro de la Familia (Centro) has continued its collaborative community partnerships and remains the only agency in El Paso County providing a services array to this population.
Clinica Colorado	\$15,000	Clinica Colorado was able to expand appointments for culturally competent, bilingual behavioral healthcare services within the clinic. The clinic now offers counseling four days per week, for a total of 28 sessions. These sessions include individuals, families and couples counseling. Clinica served 242 unique patients over the course of the grant period. The total number of visits by these unique individuals was 774, which is an 8% increase over the previous grant period year. The patients visiting Clinica are over 50% monolingual Spanish speakers.
Denver Children's Home	\$50,000	Denver Children's Home has worked toward the overarching organizational goal to improve the mental health and wellness of children and families in Colorado. Specifically, the organization has served those affected by mental illness within their family structure to establish a safer and more stable home environment. The staff assess family needs, provided direct support of basic needs, provided education and training, and provided behavioral health in the homes of families in need.
Denver Indian Family Resource Center	\$40,745	DIFRC provided intensive case management (ICM) services to 70 American Indian/Alaska Native (AI/AN) families, while increasing organizational capacity to also improve program evaluation. 84% of families who received intensive case management (ICM) achieved success, defined by cases where families are preserved and children are reunified and placed within culturally appropriate kinship care or biological parents' home. DIFRC's client survey demonstrates impact as well, as noted by 100% or respondents reported that "staff members at DIFRC understand my cultural traditions of values" and "this program has provided valuable support for me and my family." One participant wrote, "DIFRC made me feel confident while going through a rough time in my life. I don't know what I would have done without an advocate like them on my side." Another shared, "The staff was always supportive of my child and I during this journey."
Denver Indian Health and Family Services	\$79,915	DIHFS was able to integrate behavioral services more fully into the primary care setting, reaching more children and adults with culturally-sensitive integrated care and provide an increase in trauma-specific services to children and families overall. We were also able to determine shortfalls

Organization	Grant Amount	Grant Summary Statement (as written by grantee)
		and areas for growth for the model and outline a potential self-sustaining model for long term implementation of a fully integrated care model.
Healthier Colorado	\$25,000	This grant supported a media effort to advance to the passage of Amendment 72 on the statewide ballot in Colorado. Amendment 72 was a proposal to raise the state's tobacco tax and direct the resulting revenue to health programs. Unfortunately, the tobacco tax increase was defeated due to an array of factors, including an overwhelming, nationally-backed opposition campaign that dwarfed the funding available to conduct a media campaign to support the measure.
HopeWest	\$35,000	We have created a framework to address the emotional needs of children and families in rural Meeker who have lost loved ones. Frontier communities often don't have adequate resources to help when tragedy strikes. Using the proven programs developed by HopeWest Kids, we are providing resources to help this community and school system.
Jefferson Center For Mental Health	\$69,981	Jefferson Center for Mental Health grew their Veteran and Military Family Services Program by hiring a part time program manager and additional part time program therapist. During the grant period, 264 veterans and 812 family members received counseling services and most improved their level of functioning and symptom severity; numerous community events and presentations raised internal and external awareness of the program; and the staff positions initially supported by CFC funds will now be sustained by Jefferson Center.
Karis	\$34,872	Homeless teens and youth in Mesa County who received mental health and addiction services - thanks in large part to funding provided by Caring for Colorado - showed reductions in depression, and anxiety and demonstrated statistically significant increases in social connectivity. In addition, these services were expanded and offered to youth participating in two new Karis programs.
Karis Community	\$15,000	This grant to Karis Community supported the Empowerment Program by providing counseling staff for individual and group therapy sessions.
Maria Droste Counseling Center	\$65,000	The Options Program funded by this grant achieved significant results in providing safety net mental health services. Affordable quality mental health counseling was provided for an underserved segment of our community and achieved significant results in addressing untreated depression, frayed social support, substance abuse and trauma related issues. Strong program results from the grant period show high impact: 1516 clients served, 5,562 hours of counseling, statistically significant reductions in clients' severity of symptoms, positive client satisfaction, and successful training of 19 graduate interns. More clinical hours were provided than anticipated, due to clients' high intensity need for services. 100% of clients during this past year had annual incomes less than 200% of FPL.
Mental Health Colorado	\$100,000	<p>Mental Health Colorado has undertaken more than a dozen major projects over the past 12 months. One of the most significant involves insurance reform. In 1997 and in 2007, Mental Health Colorado spearheaded the passage of laws requiring parity in the coverage of mental health and substance use services. In 2016, we sought to strengthen those laws, by conducting a state-by-state analysis of enforcement strategies, working with the Division of Insurance on new rules governing network adequacy and accuracy, and designing a consumer survey on potential parity violations. Other efforts and impacts included:</p> <ul style="list-style-type: none"> • We renamed and rebranded our organization, simplifying our visual identity and clarifying our message. • We moved our headquarters to a more central location, increasing our proximity to key stakeholders and reducing transportation costs and travel time. • We transformed our website, replacing a cluttered and cumbersome site with a far more streamlined and user-friendly platform. • We completed the installation of a new database, enabling us to communicate regularly with more than 33,000 followers across the state. • We built an online story bank (described below). • We produced and promoted an online screening tool for nine mental health disorders, engaging more than 700 participants in the first six months of operation. • We piloted a new advocacy portal, connecting our supporters to state and federal policymakers. • We crafted a questionnaire on mental health policy, surveyed all 170 candidates for the Colorado General Assembly, and received and posted responses (attached) from 79. • We enlisted six partner organizations (Colorado Advanced Practice Psychiatric Nurses, Colorado Providers Association, Colorado Psychiatric

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		Society, Colorado Psychological Association, Rocky Mountain Crisis Partners, and NAMI Colorado) and organized a series of election forums in four counties (Arapahoe, Denver, El Paso, and Jefferson), drawing 23 candidates, 125 voters, and extensive coverage in the news media.
NAMI Colorado	\$70,000	NAMI Colorado's mental health education and support programs served more than 2,500 Colorado residents to strengthen individuals and families living with mental illness and to raise awareness of mental health in Colorado communities. An effort was made to ensure evidence-based education programs are available across the state and diverse populations are reached.
Saint Francis Center	\$50,000	Support from Caring for Colorado allowed St. Francis Center (SFC) to substantially expand our mental health wellness program, providing more support for individuals who are in need of mental health services to access basic support and counselling. This program also helped individuals navigate the complex landscape of mental health services within the community, by connecting them to resources and accompanying them along the way. As a result, people who would have otherwise not received care were able to access community mental health resources.
Servicios de La Raza	\$104,395	As a result of the grant, the mental health program was able to meet all objectives, provide more services to clients, and expand programming with the additional staff support.
St. Mary's Family Medicine Residency	\$100,000	At the end of year two, our team has accomplished the objectives set forth for this year with continued work with rural primary care sites-advancing their QI teams and work toward integrated mental/behavioral health. Many of our sites have moved from the coordinated to the co-located curriculum with plans to hire/recruit therapists to embed in their practices. We continue to connect our physician residents with the COEARTH primary care sites for training and recruitment opportunities. Further, practices that we have supported in applying for SIM and/or CPC+ have been successful to date.
Telluride Medical Center	\$30,000	The most important accomplishment of this grant has been the hiring, training, and integrating of a Behavioral Health Clinician who is able to address the full spectrum of mental health and behavioral needs including screening, assessment, treatment, and crisis management in a linguistically and culturally competent manner. Additionally, this project has managed to institute a workflow that has allowed the BHC to coordinate care between patients and their families, the primary care providers, specialists, community resource agencies, and local mental health providers for continuity of care. Finally, this grant allowed our agency to make these services available to the entire community population regardless of insurance or limited income and has ultimately created an overall reduction in emergency room visits and health care costs due to our ability to streamline care. SIM funding and other contributions and allocations will allow this work to continue at Telluride Medical Center.
The Center for Mental Health	\$100,000	With the assistance of CFC funds, the Center for Mental Health completed the addition of 7,833 square feet to its existing clinic and 47 new parking spaces. Of the newly added space, 1,880 square feet was set aside for peer-based services. The project also included a remodel of existing space to provide a welcoming, accommodating, and safe place for both clients and staff.
University of Colorado at Anschutz - School of Medicine	\$5,000	In collaboration with the Farley Center, five Colorado foundations and the State Innovation Model, stakeholders across the state participated in the development of eight core competencies for behavioral health providers working in primary care. Primary care providers, behavioral health experts, payers, policy makers and educators contributed to the consensus model and the competencies will now be disseminated throughout Colorado to support practices in recruiting, training and supporting integrated behavioral health care providers.
University of Colorado at Colorado Springs - Aging Center	\$75,000	The Aging Center highlights the salient need for specialized services for older adults that many communities of Colorado are and will continue to experience at increasing rates-a decline in physical wellness is often accompanied by an increase in mental distress, underscoring the importance of services delivered by providers such as the Aging Center, one of only four programs in gerontology psychology. Of additional note, the Aging Center reports significantly higher rates of participation by older adult women, as compared to men-the gender difference in service utilization encourages a stronger examination of how to support the aging population across difference. Additionally, the reluctance of psychiatry to accept Medicare provides for important learning when considering requests from agencies serving seniors.