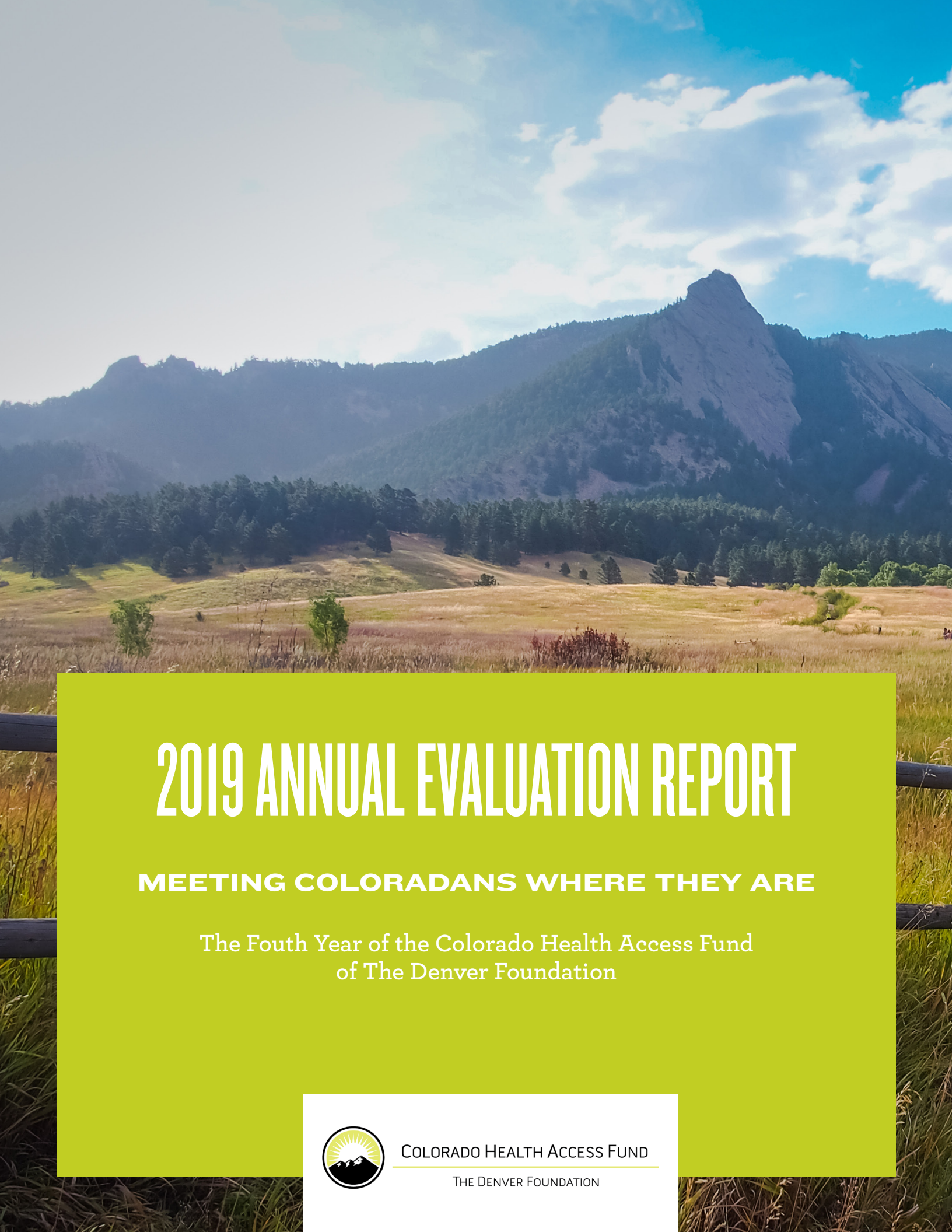

2019 ANNUAL EVALUATION REPORT

MEETING COLORADANS WHERE THEY ARE

The Fouth Year of the Colorado Health Access Fund
of The Denver Foundation

COLORADO HEALTH ACCESS FUND
THE DENVER FOUNDATION

ABOUT THE COLORADO HEALTH ACCESS FUND

The Colorado Health Access Fund (the Fund) is a field of interest fund of The Denver Foundation. Established in 2014 with an anonymous gift of $40 million, the Fund is dedicated to improving health outcomes for Coloradans with high health care needs. The focus of the Fund's investments is on behavioral health care. Between 2015 and 2022, the Fund will make awards to initiatives that fall within four strategic areas:

- Increase access to behavioral health treatment;
- Support the safety net workforce;
- Support public policy and advocacy; and
- Invest in safety net innovation.

Over the course of eight years, the Fund is committed to allocating resources to rural, urban, and suburban areas.

Coloradans with high health care needs are defined as people who have an identified behavioral health issue and are members of at least one of these populations that are known to be un/underserved:

- People with multiple chronic or acute health conditions;
- People impacted by racial health disparities;
- People enrolled in Health First Colorado;
- People who lack health insurance coverage or have significant barriers to accessing coverage;
- People who are experiencing homelessness;
- People who are justice-involved;
- People with a disability; and
- People whose primary language is other than English.

ABOUT THE COLORADO HEALTH INSTITUTE

The Colorado Health Institute (CHI) is a trusted source of independent and objective health information, data, and analysis for the state's health care leaders. CHI's work is made possible by generous supporters who see the value of independent, evidence-based analysis. Those supporters can be found on our website: coloradohealthinstitute.org/about-us

The Denver Foundation retained CHI beginning in 2015 to independently evaluate the Colorado Health Access Fund's *Access to Treatment strategy*. CHI's annual evaluation measures the reach and effectiveness of the Fund's Access to Treatment grantees in addressing behavioral health needs in Colorado. It also examines how well the Fund's Access to Treatment strategy adheres to its original intent.

SPECIAL THANKS TO THE COLORADO HEALTH ACCESS FUND STAFF FOR THEIR WORK ON THIS REPORT:

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A LETTER FROM THE DENVER FOUNDATION

Dear Colleagues and Friends,

The Denver Foundation is pleased to share again this year the annual evaluation report on the Colorado Health Access Fund (the Fund). This year's report marks the halfway point of the Fund's giving and the implementation of additional strategies to increase access to behavioral healthcare in Colorado. Hallmarks of the fourth year include increased support in rural areas of the state and lasting investments in behavioral healthcare infrastructure through capital grants. In addition, year four of funding brought the cumulative total of Coloradans served by the Fund to 87,000.

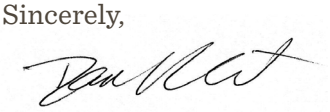
In 2018, the Fund analyzed its current work, reviewed the funding capacity and conducted a strategic refresh of its current funding strategies. As a result, the Fund added new funding strategies to its toolkit including supporting public policy advocacy work, investing in workforce and supporting innovation as well as adding impact investing as a tool. The early results from this work are included in this report, and the updated funding strategies for the Fund is below.

Alongside this continuing progress, there were challenges identified by Fund partners. Hiring and retention of qualified staff persists as a critical issue for expanding care in our state, and the uncertain future of funding and policy related to safety net healthcare services continues to challenge providers. And recent Colorado Health Access Survey data shows that more Coloradans reported not getting needed mental health care or Substance Use Disorder (SUD) care than in past years.

This report arrives amid an evolving global pandemic. The CHA Fund is proud of the accomplishments of our grantees over the life of the Fund. And we know now the world will never be the same. The COVID 19 pandemic has changed the reality and context for the Fund, our focus populations and the state forever. This report is a look back at these recent accomplishments and a chance to think upon what the future may hold.

Behavioral Health will continue to be an issue that affects us all, and some populations more profoundly. We look forward to continuing this work together as we develop new strategies and tools for recovery and resilience.

Sincerely,



Dace West, VP of Community Impact

IMPROVED HEALTH OF COLORADANS WITH HIGH HEALTH NEEDS
FOCUS ON BEHAVIORAL HEALTH

Increase Access

- New Providers
- Capital
- Substance Use Treatment
- Telehealth

Safety Net Workforce

- Behavioral Health Provider Loan Repayment Program

Public Policy Advocacy

- Nine PPA Partners
- Medicaid Feasibility Study

Safety Net Innovation

- CHIC Colorado Health Innovation Community

CHA Fund Tools:
Grants, Loans, Pay for Performance

EXECUTIVE SUMMARY

As Colorado continues to grow, the demand for behavioral health services grows as well. In 2019, the percentage of Coloradans reporting they did not get needed mental health services increased from about 8% in 2017 to 14% in 2019.

The Colorado Health Access Fund of The Denver Foundation aims to increase access to behavioral health services. Between 2016 and 2019 (Years One to Four), the Fund has made 73 grants to organizations expanding behavioral health services across the state. These investments range from establishing telepsychiatry services in rural areas to expanding substance use disorder services in schools to supporting the construction of inpatient behavioral health facilities.

The Fund's investments have successfully expanded access to behavioral health care in diverse Colorado communities. Efforts to encourage the involvement of providers serving rural and underserved communities have paid off. The Fund has cemented its legacy in five communities around Colorado with capital construction grantmaking.

These financial community investments — especially capital construction and expansion projects — are significant. In 2019, grantees received over $6.1 million to expand direct services, compared with $3.8 million in 2018 and $3.9 million in Year Two. Almost 40% of the $6.1 million — $2.4 million — went to the five capital construction projects.

Despite the increased investment, the Fund provided behavioral health services to fewer people in 2019 than in previous years — 13,000 compared with 25,000 in 2018. This drop was anticipated and reflects the Fund's increased focus on supporting programs, some of which are smaller or more targeted, that reached those most in need. Fund staff expect the number of Coloradans benefitting from grants to increase again as capital projects are completed and services are offered in new facilities.

The Fund is increasing access for many of those it set out to reach: It achieved a milestone of 47% of its 2019 grantmaking dollars going to rural communities. And the Fund has continued its focus on many people who may have been historically shut out of the health care system, including immigrants, refugees, Coloradans lacking insurance, people living in rural areas, people experiencing homelessness, and those with substance use disorders.

Some highlights from the Fund's fourth year include:

- 13,000 people were served by Fund-supported programs in 2019. These programs have reached a total of 87,000 people since 2016.
- Fund-supported programs are reaching people who may face barriers to behavioral health care including those who are young, lacking health insurance or enrolled in Health First Colorado, and racially and ethnically diverse.
- The Fund supported 55,500 unique direct services to Coloradans in 2019, including one-on-one therapy or counseling sessions, teletherapy sessions, and clinical assessments, compared with 81,000 unique direct services provided in the previous year.
- Almost half — 47% — of the Fund's $6.1 million grants in 2019 went to rural areas.
- Almost two-thirds of grantees (63%, or 19 grantees) have developed strategies to continue programs after their Colorado Health Access Fund grant ends. In 2018, 65% of grantees had such plans.

Given the profound behavioral health needs across the state, the Fund has committed to evaluating how its investments are increasing access to services. This report is the fourth annual evaluation of the Fund's Access to Treatment strategy and includes information on the newer strategies developed in 2018 including innovation, workforce and public policy. Please also visit the Fund's website http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund to read three profiles of organizations that reflect the aim of increasing access among populations known to be underserved while investing in projects to ensure the Fund's legacy.

ACCESS TO TREATMENT EVALUATION

This section of the report includes CHI's fourth annual evaluation of the Fund's Access to Treatment strategy. The report's purpose is to address three questions:

- What contributions have grantees made to increasing access to behavioral health services for Coloradans with high health care needs?
- To what extent has the Fund been implemented as expected? This includes identifying successes, barriers, unintended consequences, administrative challenges, and how well grantees met their goals.
- What are CHI's recommendations for the Colorado Health Access Fund as it enters its fifth year of Access to Treatment grantmaking?

CHI's evaluation team used quantitative and qualitative information from grantee reports and observations collected in partnership with the Fund's team to answer these evaluation questions.

REACH

Guiding Questions: How many people were served by programs supported by the Fund's Access to Treatment strategy in Year Four? What are their demographic, geographic, and health status characteristics? What portion of funds supported services in rural areas?

Finding 1: Grantees provided behavioral health services to a smaller, more targeted group of Coloradans.

The Fund's Access to Treatment grantees provided in-person counseling, telehealth, and other direct services to 13,000 people in Year Four. The mean number of people served per grantee in Year Four was 391. Fewer people were served than in Year Three, when the Fund reached 25,000 people, averaging 687 people per grantee. But the Year Four numbers reflect the Fund's decision to support long-term investments in capital projects and programs that reach groups with significant barriers to care or unmet needs. They also reflect the fact that several programs serving high numbers of people concluded in Year Three.

- *Valley-Wide Health Systems renovated an integrated care facility in Cañon City in part to provide physical, behavioral, and oral health care services to the area's large and growing retiree population.*

Finding 2: The Fund's grantees served Coloradans with the highest health needs and most significant barriers to care. significant barriers to care.

These needs and barriers took many forms, ranging from geophysical barriers — such as mountain ranges that could

The RE-AIM Plus P Model

This report is organized under the RE-AIM Plus P evaluation framework that examines a program's Reach, Effectiveness, Adoption, Implementation and Maintenance. CHI added a policy component to identify policy hurdles and opportunities in behavioral health.

Using the RE-AIM Plus P framework, the evaluation team collected quantitative and qualitative metrics for measuring how well projects funded by the Colorado Health Access Fund:

- **Reach** the Target Population: How many people were served by programs supported by the Fund's Access to Treatment Strategy? What are their demographic, geographic, and health status characteristics? What portion of funds supported services in rural areas?
- Demonstrate **Effectiveness**: To what extent are programs increasing access to care among people with high health care needs, and what approaches are they using? How are programs tailored to meet the unique characteristics of the region they serve? How do grantees develop high-quality and sustainable programs?
- Are **Adopted**: To what extent were programs adopted by all target staff and partners, such as administrators? If a program was not adopted by all, why not?
- Are **Implemented**: To what extent have grantees made progress toward implementing their programs? What implementation challenges have grantees faced?
- Are **Maintained**: Will the programs be sustainable once the funding cycle ends? Will new programs or program expansions continue without Colorado Health Access Fund support?
- Adapt to the **Policy Environment**: Which policies supported grantee programs and which hindered programs?

make travel difficult — to language barriers and lack of health insurance. All 35 programs focused on people from various groups with low incomes, many of whom would be otherwise unable to obtain behavioral health services.

- *The Asian Pacific Development Center's program in Weld County supports Rohingyan Burmese immigrants and asylum seekers, 88% of whom have a self-reported history of trauma, with outreach and treatment services tailored to their cultural and linguistic needs.*

Finding 3: Coloradans served by Fund-supported programs are disproportionately young, diverse, and Health First Colorado members. Many are uninsured.

In addition to identifying their target populations, grantees reported demographic information about the people they served. Not all grantees reported the same types of information or level of detail, but the aggregated results paint a broad picture of who is benefiting from the Fund's supported programs (See Figure 2).

- *La Cocina specifically focuses on women who identify as Hispanic and Latinx and often do not speak English.*

Finding 4: The Fund's Access to Treatment strategy supported 55,500 unique direct services to Coloradans.

The 13,000 Coloradans served by the Fund benefited from these direct services. Of the 55,500 services, the most frequently offered was one-on-one in-person counseling (20,000 or 36% of all sessions) in Year Four (See Figure 4). In Year Three, one-on-one counseling sessions were also the most common service with 27,000 offered (33% of the total 81,000 service provided). The prevalence of one-on-one sessions reflects the individualized care approaches taken by most of the grantees. (Figure 4)

- *St. Francis Center provided over 5,000 services related to case management, education, and care coordination aimed at keeping clients connected to care.*

Finding 5: The Fund's Access to Treatment strategy furthered its reach into rural areas of the state.

The location of grantees' main offices provides a glimpse into the geographies served by the Fund's Access to Treatment grants. Though proportionately more dollars went to rural parts of the state, most grantee programs — 65% — are based in population centers along the Front Range. (See Map 1.). This represents a slight shift from Year Three (69%).

- *Summit Community Care Clinic used funds to support a Youth Intensive Outpatient Treatment program for adolescents with high acuity behavioral health needs in Summit and Lake counties. This allowed patients to receive services within the community, instead of having to travel to Denver or Grand Junction.*

EFFECTIVENESS

Guiding Questions: To what extent are programs increasing access to care among people with high health care needs, and what approaches are they

Figure 2.

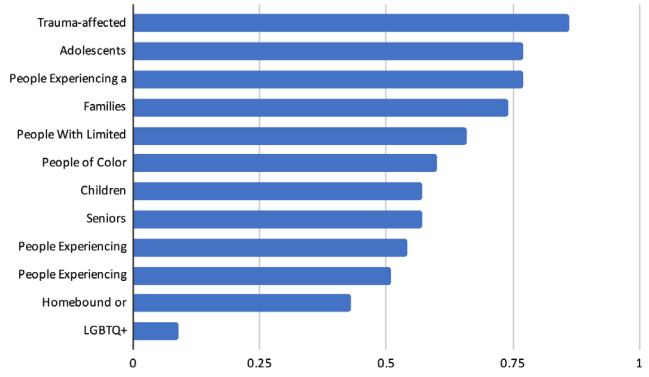
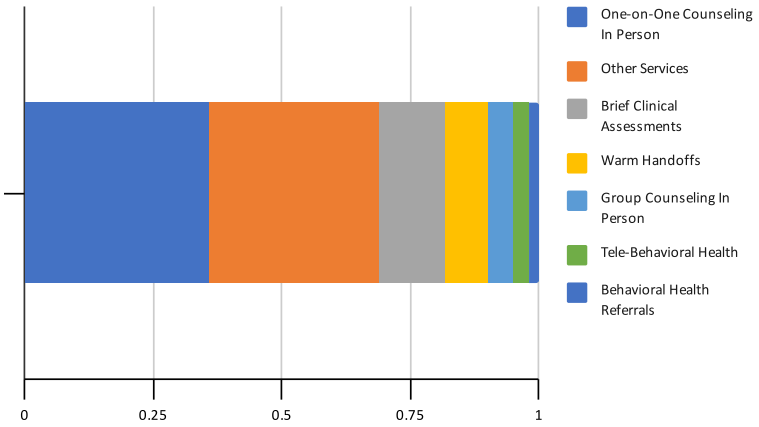
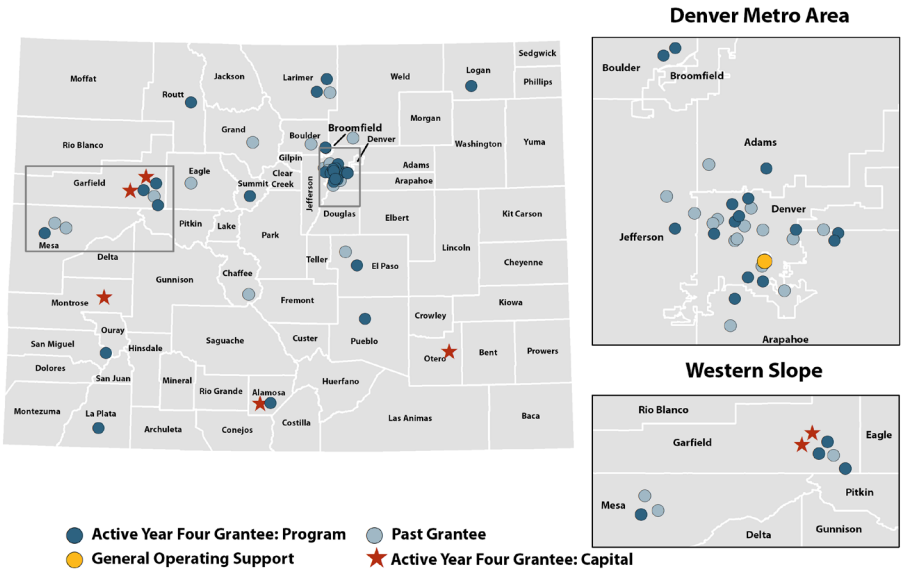


Figure 4.



Colorado Health Access Fund Grantee Locations



using? How are programs tailored to meet the unique characteristics of the region they serve? How do grantees develop high-quality and sustainable programs?

Finding 1: The Fund's Access to Treatment grants continued to support programs that use multiple approaches to increase access.

In Year Four, Access to Treatment grantees employed a variety of strategies designed ensure people received the care that they need. The three categories of approaches included:

1. Providing direct behavioral health services.
2. Extending direct services into other venues.
3. Strengthening connections to services.

The most common approach was to offer direct counseling and behavioral health services such as in-person treatment, therapy, and SUD treatment in a clinic. Grant-funded programs often served people who may not have had specialized attention or services in the past.

- *Tri-County Health Network launched teletherapy services in two locations in Ouray County, providing a level of anonymity, choice, and access to community members. The organization delivered 74 behavioral health services via telehealth in Year Four.*

Finding 2: Grantees responded to patient needs by identifying nontraditional times and venues that ensured more people had access to care.
Half of grantees found it critical to offer services at times and places that are convenient for patients.

- *The Chanda Plan found that allowing flexibility in meeting spaces — such as providing counseling services outdoors or on a patio — could be more effective for some participants. Many patients have long-term disabilities and benefit from the option to meet in different environments of their choosing.*

Finding 3: Grantees with effective programs hired and tailored staff who could relate with clients.
More than a third of grantees trained their staff to understand a target population's needs, nuances of culture, and views on mental health.

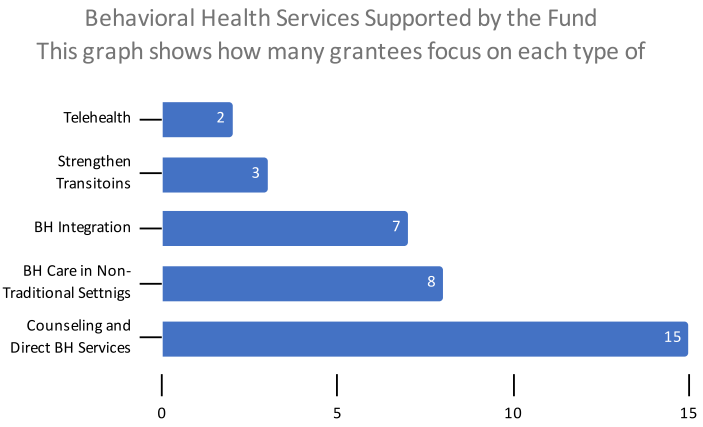
- *STRIDE Community Health Center hired three behavioral health providers who were specialized in or had great familiarity in working with children, LGBTQ residents, and people with substance use disorders in the Denver area.*

ADOPTION

Guiding Questions: To what extent were programs adopted by all target staff and partners, such as administrators? If a program was not adopted by all, why not?

Finding 1: For the second year straight, over 90% of grantees reported that their programs were adopted as planned.

Figure 6.



The vast majority of Access to Treatment grantees reported that programs were adopted as planned, both internally and by external partners.

- *Mental Health Partners' Early Diversion Get Engaged (EDGE) program in Boulder County brought a behavioral health care provider into a law enforcement agency office to provide services to those facing a crisis. The organization averaged 200 people served per year prior to the grant, compared with 355 in Year Four.*

Finding 2: Program adoption was improved by building trust with community organizations and empowering organizational champions.

Grantees engaged with community organizations and partners to provide referrals or resources. Building trust with these partners was key to successful program adoption. Enlisting champions for programs, especially new initiatives, was essential.

- *Mile High Behavioral Healthcare reported that its new mobile therapist built relationships with a referring organization and the client population. The therapist now works in a variety of locations, from youth shelters to transitional housing units, and reached its target for 2019, serving 74 people.*

Finding 3: Standardized workflows helped ensure that all staff and partners are on board, facilitating program adoption.

Grantees standardized workflows, screening processes, data collection methods, and messaging to support program acceptance.

- *Peak Vista Community Health Centers, which has medical, dental, and behavioral helth teams, established very clear decision-making authorities among these teams to ensure better workflow. They also provided a clearly defined space for their behavioral health provider to meet with patients, which previously did not exist.*

Finding 4: Challenges beyond grantees' control persisted, hindering the adoption of some programs.

Geographic, social, and economic challenges can prevent people from getting needed care. In some cases, people live far from places where services are offered. Stigma around accessing behavioral health is also a persistent issue, especially in smaller, more rural communities.

- *Mind Springs Health, Tri-County Health Network, and Northwest Colorado Health all said that the lack of available housing and high cost of living impacts their ability to recruit and retain staff.*

IMPLEMENTATION

Guiding Questions: To what extent have grantees made progress toward implementing their programs? What implementation challenges have grantees faced?

Finding 1: Most grantees successfully implemented their programs. Partnerships were a key to success. Many grantees successfully implemented programs due to partnerships with external organizations in the community. Partnerships go beyond just formal agreements on paper. Grantees build relationships with external organizations to aid in referrals, provide and coordinate client services, develop trainings, and much more.

- *Centennial Mental Health Center's partnership with Banner Health Systems was critical in establishing integrated care in three northeast Colorado rural health clinics. To smooth the process, Centennial invited medical providers in each clinic to help hire and vet behavioral health provider candidates to ensure a good fit.*

Finding 2: Workforce challenges — especially staff turnover — were heightened for Year Four grantees.

Hiring and recruitment is a perennial challenge for grantees. Year Four was no exception. An overwhelming number of grantees — 26 of 32, or 81% — reported challenges with staff turnover, recruitment, or hiring new staff (17 grantees reported challenges with staff turnover, and 23 with recruitment and hiring).

- *St. Mary's Hospital faced challenges providing telehealth services to clinics given high turnover of staff at those places. In one year, hospital staff provided six different trainings to a single clinic to ensure the telehealth program continued there.*

Janina E. Fariñas, Ph.D., LPC, Chief Executive of La Cocina

Finding 3: Many grantees implemented innovative solutions to address workforce challenges.

Safety net programs must often find innovative approaches out of necessity. Some grantees are relatively small organizations, which may make them nimble to innovate and reach patients/clients.

- *Clínica Family Health had difficulty hiring a bilingual behavioral health provider. The organization is considering technology that translates one language to another. They will assess whether changing the requirement that a provider be bilingual would adversely impact care.*

MAINTENANCE

Guiding Questions: Will the programs be sustainable once the funding cycle ends? Will new programs or program expansions continue without Colorado Health Access Fund support?

Finding 1: Most grantees have at least some plan in place to sustain their programs after their grant ends.

Almost two-thirds of grantees (63%, or 19 grantees) have at least some sustainability strategies for continuing their program after their Colorado Health Access Fund grant ends. (See Figure 8.) That's on par with the 65% of grantees with sustainability strategies in 2018. Of the 19, nine have clear plans in place for sustainability.

- *Kids First Health Care subcontracted with a behavioral health provider directly rather than contracting with an outside organization for behavioral health services. This approach is less costly, allowing Kids First Health Care to increase revenue by billing for services while decreasing contractual costs.*

Finding 2: A notable minority of grantees did not have robust sustainability strategies.

Five grantees (17%) focused their sustainability plans on securing future grants rather than identifying more predictable sources of revenue. Another 20% (six grantees) did not provide enough information to make an assessment.

These 11 grantees whose sustainability plans were either unclear or depended on future grants followed no discernible pattern, in terms of type of clinic or program they operate with grant funds.

POLICY

Guiding Question: Which policies supported grantee programs, and which hindered programs?

Figure 8. Status of Grantee Sustainability Plans, 2019*

Status of sustainability plan	No. of Grantees	Percentage (n=30**)
Clear plan	9	30%
Some plan	10	33%
Depends on future grants	5	17%
Unclear	6	20%
Total	30	100%

** Based on classification by CHI.*

Finding 1: Billing for services is integral to implementing and sustaining programs, but it is often challenging.

More than half — 16 — of programmatic grantees in 2019 experienced difficulties related to billing through Health First Colorado, the state's Medicaid program. Some also devoted staff to seeking reimbursement from other payers — such as private insurance and Medicare — which have their own complexities often related to the administrative burden of billing as well as limits on the types of services that can be billed.

- *Northwest Colorado Health provides telepsychiatry services in its medical clinics and for patients receiving integrated care in its dental clinics. One in three of the organization's behavioral health patients is enrolled in Health First Colorado, which does not reimburse for telehealth services. This interferes with patient care and erodes the sustainability of its program.*

Finding 2: Phase Two of Health First Colorado's Accountable Care Collaborative (ACC) and the Regional Accountable Entities (RAEs) has created both benefits and challenges for grantees.

The ACC and RAEs are Health First Colorado's big investments in reforming the state's Medicaid system (see sidebar for explanation of the ACC and RAEs). On one hand, the RAEs have improved the coordination of care and have increased access to care for many patients. On the other, difficulties persist in Medicaid's payment structure and billing system. This is not surprising, as grantees are still continuing to adjust to lingering challenges from the RAEs' launch in July 2018, which entailed changes to contracting and how Health First Colorado members are assigned to providers.

- *Tri-County Health Network reported that the ACC is helping to increase access to behavioral health services. The primary care clinic can now be reimbursed for up to six behavioral health visits by Health First Colorado patients who may not meet diagnostic criteria for a mental health issue.*

Finding 3: Federal immigration policies, such as the public charge rule, have impacted some grantees' work

A new federal rule allows the government to consider an immigrant's use of public benefits like Medicaid in deciding the person's green card application. Fears among patients of being deported or becoming ineligible for citizenship have contributed to a decline in some grantees' Health First Colorado patient volume, even among the citizen children of immigrants.

RECOMMENDATIONS

This year marks the last Request for Proposals (RFP) in the Access to Treatment strategy of the Colorado Health Access Fund. As the Access to Treatment strategy winds down, the focus turns to developing a plan for the Fund to leave a lasting legacy. CHI's recommendations are aimed at addressing three questions for legacy planning:

1. How can the Fund's four strategic areas cross-pollinate to optimize the impact of the Fund over its remaining time?
2. What risks and opportunities might the Fund face as it winds down?
3. What is the story of the Fund's lasting legacy?

These recommendations are informed by the findings of this evaluation, past evaluations, and conversations with Fund staff.

Recommendation 1: Through its evaluation of the access to treatment strategy, CHI has identified learnings from the four strategic areas as additional criteria in the 2020 Access to Treatment Request for Proposals (RFP). The goal is to identify or prioritize Access to Treatment grantees most likely to benefit directly or indirectly — from investments in the other strategic areas. These strategic areas were designed to address the conditions listed above and will increase the likelihood of programs' long-term success – and the Fund's impact.

Recommendation 2: Reflect on the factors contributing to and the fundamental challenges that block the success and sustainability of programs. The Colorado

Health Access Fund plans to conduct a sustainability assessment in 2020. It comes during a unique window of opportunity. The Fund's staff has the ability to look back on the success of past investments while planning ahead for the Fund to wind down. A particular need is understanding what strategies can be used to avoid a gap in behavioral health funding — and access — after the Access to Treatment grants end.

ADDITIONAL STRATEGIES

As directed during the creation of the Fund, it was intended to be spent down within eight years of its origin. At the midway point of the Fund's existence, staff evaluated the work and success of the primary grantmaking strategy to increase access to direct behavioral health care through staffing and project expansion. While this program was working well, in conversation with grantees and behavioral health advocates around the state, additional strategies were identified that could complement the existing work while increasing impact. The Fund and its advisory committee chose to expand funding for public policy work, innovation, and workforce as well as including the option to add impact investing tools to the range of investment options. These strategies were outlined during 2018 and acted upon in both 2018 and 2019. Descriptions of these additional bodies of work are below.

PUBLIC POLICY ADVOCACY

In the development of new strategies, the Fund recognized the critical role of direct public policy advocacy in advancing and maintaining behavioral health care access. In 2019, the Fund funded nine organizations that were already doing systems-level public policy advocacy for behavioral health as a part of their core work, for a period of four years. Funding was intended to strengthen their existing public policy advocacy and systems level change work on behalf of the Fund's focus populations. Funded activities included lobbying, legislation development, rule-making, regulation monitoring, and ballot initiative work.

In the first year, many of these nine organizations were focused on legislation and lobbying during the Colorado legislative session. Through these partnerships, the

Valley Settlement programs

Fund supported the passage of legislation including mental health parity (HB19-1269); increased funding for substance use disorder treatment (e.g., HB19-1278), prevention (e.g., SB19-228), and harm reduction programs (e.g., SB19-227); enhanced behavioral health supports for children and youth (e.g., SB19-195); and programming for justice-involved people with mental health needs and substance use disorders (e.g., SB19-8).Colorado's behavioral health system benefited from many of those newly passed bills.

Another important focus for grantees was monitoring and influencing Medicaid policy and regulations, including the Medicaid Regional Accountable Entities (RAEs) and the creation of possible expansion programs. Policy grantees worked hard on overall funding for behavioral health issues, whether it was maintaining current funding, stopping legislative cuts or fighting for the expansion of programs to the Fund's focus populations.

Public Policy Grantees:

- Mental Health Colorado
- Colorado Center for Law and Policy
- Healthier Colorado
- Colorado Behavioral Health Council
- Colorado Children's Campaign
- Partners for Children's Mental Health
- Colorado Rural Health Center
- Colorado Criminal Justice Reform
- Colorado Cross Disability Coalition

SAFETY NET WORKFORCE

One of the consistent challenges cited by grantee partners has been hiring and turnover of licensed, qualified staff. The behavioral health workforce shortage identified by the Fund's partners is echoed all across the state and country. Given the Fund's size and scope, an investment of $4 million over four years was made into the Colorado Health Service Corps Provider Loan Repayment Program to support the state's behavioral health workforce.

The Colorado Health Service Corps (CHSC) was created at the state in 2009 to increase the capacity of the clinical safety net to respond to the health care access needs of uninsured, publicly insured, low-income, and geographically isolated Coloradans. Specifically, the CHSC selects dedicated clinicians to receive educational loan debt reduction in exchange for practice in a health professional shortage area. The average repayment award is $50,000 (paid up front to reduce interest expense) and comes with a three-year contract to serve in public and nonprofit facilities that care for individuals who are uninsured or publicly insured, offer a sliding fee scale for payment to those below 200% of federal poverty level, and practice without discrimination based on income, race, religion, national origin, or sexual orientation.

Some providers will practice in settings that specifically address the needs of justice involved, those experiencing homelessness and those who are migrant workers. They have a 99.4% completion rate for the contracts, and 74% of clinicians are still working at their employer or in the same community at four years. Eighty-three%of care provided by CHSC participants has been delivered to people who were uninsured, insured by Health First Colorado, Medicare, or the Child Health Plan, or were incarcerated. The behavioral health roles supported by CHSC agreements include: Physicians specializing or sub-specializing in psychiatry, child psychiatry, addiction medicine, or pain medicine; Psychiatric nurse practitioners; Clinical or Counseling Psychologists (Ph.D. or Psy.D.), Licensed Addiction Counselors, Licensed Clinical Social Workers, Licensed Professional Counselors; and Licensed Marriage and Family Therapists.

The impact of this support for behavioral health providers is considerable: The grant would support between 18 and 20 providers each year, for a three-year placement adding up to an estimated total of 215 to 240 years of provider support through the grant period. This means increased access for thousands of Coloradans.

COLORADO HEALTH INNOVATION COMMUNITY

As mental health and substance use stigma slowly decreases and demand for care increases, the safety net is called to address perennial challenges with a new lens. Those perennial challenges are real: a nationwide provider shortage, lower pay for staff working in the safety net resulting in turnover, and threats to the safety net and Medicaid funding.

Healthcare clinics that serve the most vulnerable in our communities need new tools to address those challenges, and the Fund invested in the creation of The Colorado Health Innovation Community (CHIC). CHIC launched under the leadership of Center for Care Innovation (CCI) in Oakland, California, whose expertise is cultivating innovation solutions to improve care in the safety net. CCI has accelerated innovation across the California safety net for 20 years and runs programs in Hawaii, Maryland, and New Jersey.

PAY FOR SUCCESS

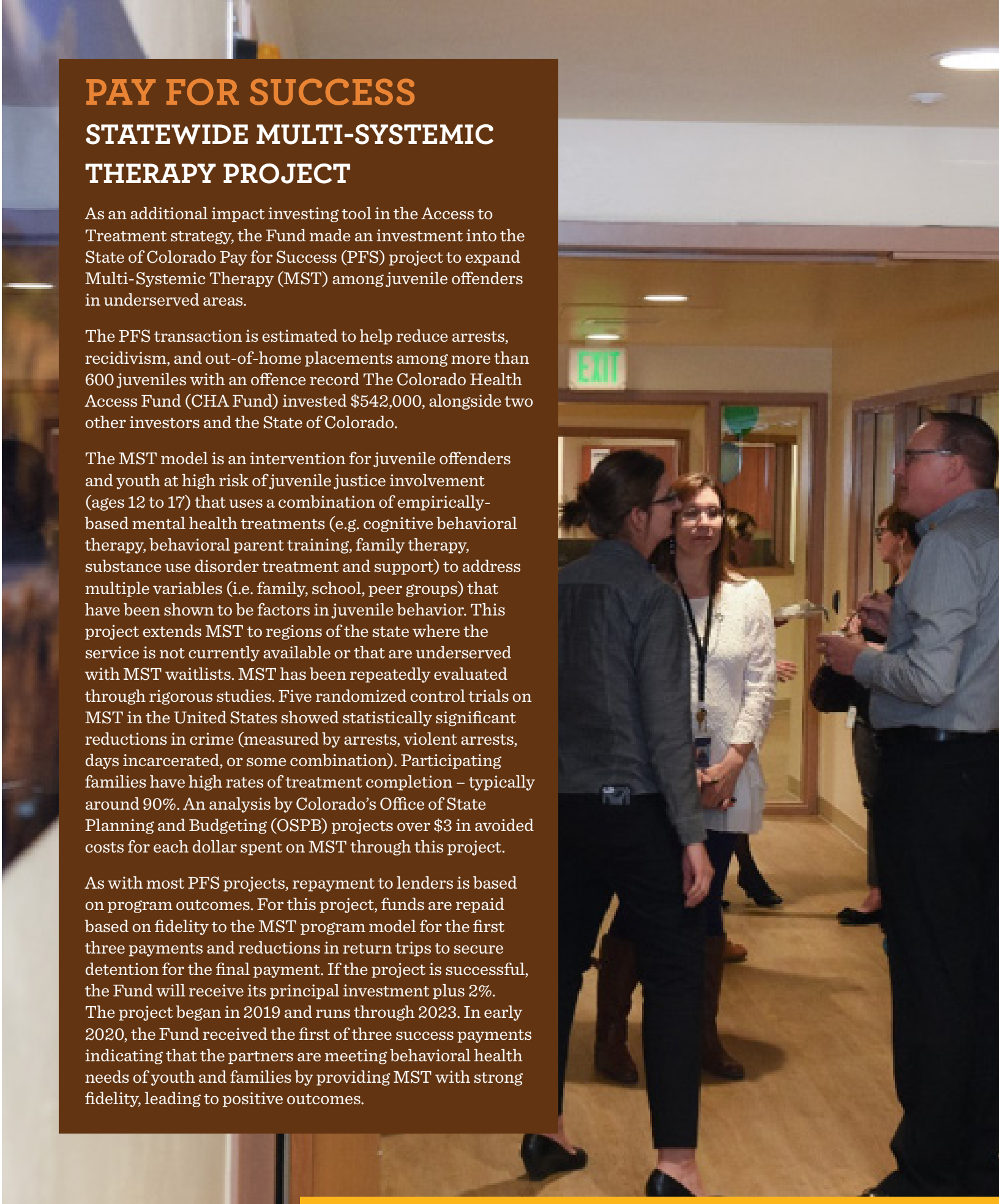
STATEWIDE MULTI-SYSTEMIC THERAPY PROJECT

As an additional impact investing tool in the Access to Treatment strategy, the Fund made an investment into the State of Colorado Pay for Success (PFS) project to expand Multi-Systemic Therapy (MST) among juvenile offenders in underserved areas.

The PFS transaction is estimated to help reduce arrests, recidivism, and out-of-home placements among more than 600 juveniles with an offence record The Colorado Health Access Fund (CHA Fund) invested $542,000, alongside two other investors and the State of Colorado.

The MST model is an intervention for juvenile offenders and youth at high risk of juvenile justice involvement (ages 12 to 17) that uses a combination of empirically-based mental health treatments (e.g. cognitive behavioral therapy, behavioral parent training, family therapy, substance use disorder treatment and support) to address multiple variables (i.e. family, school, peer groups) that have been shown to be factors in juvenile behavior. This project extends MST to regions of the state where the service is not currently available or that are underserved with MST waitlists. MST has been repeatedly evaluated through rigorous studies. Five randomized control trials on MST in the United States showed statistically significant reductions in crime (measured by arrests, violent arrests, days incarcerated, or some combination). Participating families have high rates of treatment completion – typically around 90%. An analysis by Colorado's Office of State Planning and Budgeting (OSPB) projects over $3 in avoided costs for each dollar spent on MST through this project.

As with most PFS projects, repayment to lenders is based on program outcomes. For this project, funds are repaid based on fidelity to the MST program model for the first three payments and reductions in return trips to secure detention for the final payment. If the project is successful, the Fund will receive its principal investment plus 2%. The project began in 2019 and runs through 2023. In early 2020, the Fund received the first of three success payments indicating that the partners are meeting behavioral health needs of youth and families by providing MST with strong fidelity, leading to positive outcomes.



The Center for Mental Health Crisis Stabilization Unit

CHIC seeks to spark, seed, and spread innovation in the Colorado health safety net. The first step was to select a founding cohort of organizations from across the state. This cohort includes two Federally Qualified Health Centers, three community mental health providers, one pediatric provider, and one critical access hospital. CCI's team then provided training on design thinking and human-centered design. Cohort members will apply for funding to support a six-month technology-based pilot taking place in 2020.

CHIC Cohort Members

- Clinica Family Health
- Every Child Pediatrics
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Melissa Memorial Hospital
- STRIDE Community Health Centers
- Solvista Health

CONCLUSION

In the Colorado Health Access Fund's fourth year, it continued to support grant programs that offered behavioral health services to people in need throughout state. The Fund's focus on providing programmatic grants to smaller organizations serving hard-to-reach populations has resulted in a diverse set of distinctive programs tailored to the needs of those populations. Grantees have taken creative approaches to reaching people and communities, ranging from Spanish-speaking mothers in mountain communities to residents experiencing substance-use disorders on the Eastern Plains.

At the same time, the Fund invested in large-scale building projects, improving behavioral health infrastructure, particularly in rural areas. Year Four marked a high point for the share of funds for this strategy.

As the steward of the Fund, The Denver Foundation will continue to have opportunities to partner with state and local leaders and leadership across the behavioral health funding community. The Foundation will be increasingly able to share its learnings of what helps and hinders behavioral health programs and to promote success factors that can help sustain the good work grantees are doing statewide.

LIST OF GRANTEES

Asian Pacific Development Center

Aurora Mental Health Center

Axis Health Systems

Centennial Mental Health Center

Chanda Plan Foundation

Clinica Family Health

Colorado Coalition for the Homeless

Colorado Crisis Services

Colorado Pay for Success MST Initiative

Denver Indian Health and Family Services

Health District of Northern Larimer County

Health Solutions

Kids First Health Care

La Clinica Tepeyac

La Cocina

Mental Health Center of Denver

Mental Health Partners

Mile High Behavioral Healthcare

Mind Springs Health

Mountain Family Health Centers

Northwest Colorado Health

Peak Vista Community Health Centers

Southeast Health Group

St. Francis Center

St. Mary's Hospital

STRIDE

Summit County Care Clinic

The Center for Mental Health

Tri-County Health Network

Valley Settlement

Valley-Wide Health Systems

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