



The Denver Foundation



COLORADO HEALTH INSTITUTE

# Weathering the Storm

Behavioral Health Providers Prove Resilient  
and Essential During Hard Times

Colorado Health Access Fund

2020 Annual Evaluation Report

MARCH 2021



## 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 is making 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 (2015-2022), 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 a member 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.

Between 2015-2020, the Fund's Access to Treatment investments have supported specific projects and programs, capital improvements for hospital or facility expansions, and multiorganization collaboratives. Grants may be up to three years.

## 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: <https://www.coloradohealthinstitute.org/about-us>.

## ABOUT THIS EVALUATION

The Denver Foundation retained CHI to independently evaluate the Colorado Health Access Fund's Access to Treatment strategy. The evaluation approach was informed by an asset and gap analysis commissioned by The Denver Foundation and conducted by CHI in 2014. The goal of the analysis was to gain a concrete understanding of Colorado's diverse health care landscape and to guide the development of the funding strategy. The report, [Flashpoints and Fixes: An Asset and Gap Analysis of Barriers to Care for Coloradans with High Health Needs](#), highlights the findings.

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.

This fifth evaluation report by CHI examines the Fund's fifth year funding access to treatment. It is based on 41 grant evaluation reports submitted by 35 grantees representing 41 investments (five grantees submitted separate reports for two or more grants). By comparison, the Fund supported 31 grantees across Colorado in its fourth year, 38 grantees in Year Three, 36 grantees in Year Two, and 27 grantees in Year One.

Nine of the 41 grants in Year Five were used to build new facilities for behavioral health care.<sup>1</sup>

The grants for most programs reflected in this evaluation started toward the end of 2019. In general, this report uses "Year Five" to refer to Fund-supported program activities carried out between September 2019 and August 2020.

# Weathering the Storm

## Behavioral Health Providers Prove Resilient and Essential During Hard Times

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# EXECUTIVE SUMMARY

The year 2020 was unlike any prior year of the Colorado Health Access Fund (the Fund) of The Denver Foundation due to disruption from the COVID-19 pandemic. Coloradans along with the world had to navigate unforeseen setbacks, challenges, and disruption to services beyond their control. The need for mental health services was growing even prior to the pandemic, with 14% of Coloradans reporting they did not get needed mental health services in 2019.<sup>2</sup> This need is expected to continue to grow as the pandemic continues.

The Fund's grantees experienced a variety of setbacks exacerbated by the pandemic, including stay-at-home orders, which halted in-person services temporarily; challenges to providing services in-person, which catalyzed a transition to telemedicine for many grantees; and operational challenges in hiring and retaining staff.

But grantees also showed remarkable resilience in weathering the storm; three of four (78.2%) indicated their programs are expected to be maintained or grow even after the Fund's support ends.

The Fund aims to increase access to behavioral health services. Between 2016 and 2020, the Fund has made 114 grants to organizations expanding behavioral health services across the state. These investments range from establishing telemedicine services in rural areas to

expanding substance use disorder services in schools to supporting the construction of inpatient behavioral health facilities.

This year marked the last request for proposals (RFP) for Access to Treatment grants. As the Fund winds down, however, the seeds planted among dozens of Fund-supported grantee programs will continue to grow. The Fund's investments have not only been successful at expanding access to behavioral health care in a wide range of underserved communities in Colorado, but also served as legacy investments, laying the foundation for this work to continue beyond the Fund's conclusion.

These financial investments in the community have been significant. In 2020 — referred to as Year Five in this report — grantees received over \$4 million to provide direct behavioral health services and treatment, comparable with past years of grantmaking. Year Five marked another significant investment in capital construction projects as well. Almost one fourth (23.7%) — \$950,000 of the \$4 million — went to nine capital investments.

The overall financial investment translated to the Fund providing behavioral health services to 23,000 people in 2020, an increase from 13,000 in 2019. This increase in services may be attributed to a larger number of grants





awarded in Year Five (41 compared with 35 in Year Four.)

The Fund continues to increase access for the very populations it set out to reach, marking another year of significant investment in rural Colorado. Roughly 35% of 2020 grantmaking dollars went to programs serving rural communities. The Fund has continued its commitment to communities historically underserved by the health care system, including immigrants, refugees, Coloradans without insurance, or who are enrolled in Health First Colorado — the state’s Medicaid program, rural residents, people involved in the justice system, people experiencing homelessness, and those with substance use disorders.

This report by the Colorado Health Institute (CHI) evaluated the Colorado Health Access Fund’s Access to Treatment strategy in Year Five. Additional highlights from the Fund’s fifth year include:

- The addition of 23,000 people served by Fund-supported programs in 2020, bringing the total number of people served by the Fund to 110,000 since 2016. This marks a milestone for the Fund reaching over 100,000 Coloradans since it started.
- Year Five saw a marked increase in the proportion of grantees that served immigrants, refugees, and other people of color — at 71% — an increase from 60% in Year Four.
- The Fund supported more than 84,000 unique direct services to Coloradans in 2020, which included one-on-one therapy sessions, an increase in teletherapy sessions (3% in Year Four, 15% in Year Five), and

clinical assessments, compared with 55,500 unique direct services provided in the previous year.

As in other years, partnerships and close coordination with other community organizations contributed to the success of grant programs. Grantees also made use of data and internal evaluations to understand how to best tailor their services to their communities. At the same time, many grantees experienced operational challenges exacerbated by COVID-19, with disruptions to hiring and recruitment of staff especially at the onset of the pandemic.

Policymakers responding to the pandemic promptly made changes at the state and federal levels that brought about a rapid adoption of telemedicine, particularly among behavioral health providers. These changes carved a path toward telebehavioral health for many grantees, allowing them to continue their services remotely.

Generally, grantees could bill for services they provided. Medicaid reimbursement became key to future sustainability of programs. Reimbursement from insurance, as opposed to reliance on grants, became centrally important to grantees’ plans for sustainability.

The thematic profiles included in this report illustrate two significant stories in Year Five – a focus on closing the medication-assisted treatment (MAT) gap, highlighting an effective approach to managing opioid use disorders in some of the hardest-hit communities; and a focus on serving refugee and immigrant communities, highlighting the unique challenges and successes in working with those communities.

# INTRODUCTION

The mission of the Colorado Health Access Fund of The Denver Foundation (the Fund) is to improve the health of Coloradans with high health needs. To accomplish this, the Fund has invested in the four strategic areas displayed in Figure 1, each with a focus on behavioral health: Access to Treatment, Safety Net Workforce, Public Policy Advocacy, and Safety Net Innovation.

The most significant investment to date is in the Access to Treatment area. The Fund has increased access to behavioral health services by starting or expanding telemedicine programs, supporting substance use treatment, pursuing capital projects, and providing financial backing for behavioral health providers and other organizations to hire clinicians.

Support for behavioral health care services was needed, perhaps more than ever, due to a tumultuous 2019 and 2020. At the end of 2019, many safety net providers in Colorado — a number of them also the Fund’s grantees — faced declines in Medicaid enrollment and revenue due to a combination of changes in the economy, immigration policy, and Medicaid administrative rules. At the same

time, the volume of uninsured patients was increasing.<sup>3</sup>

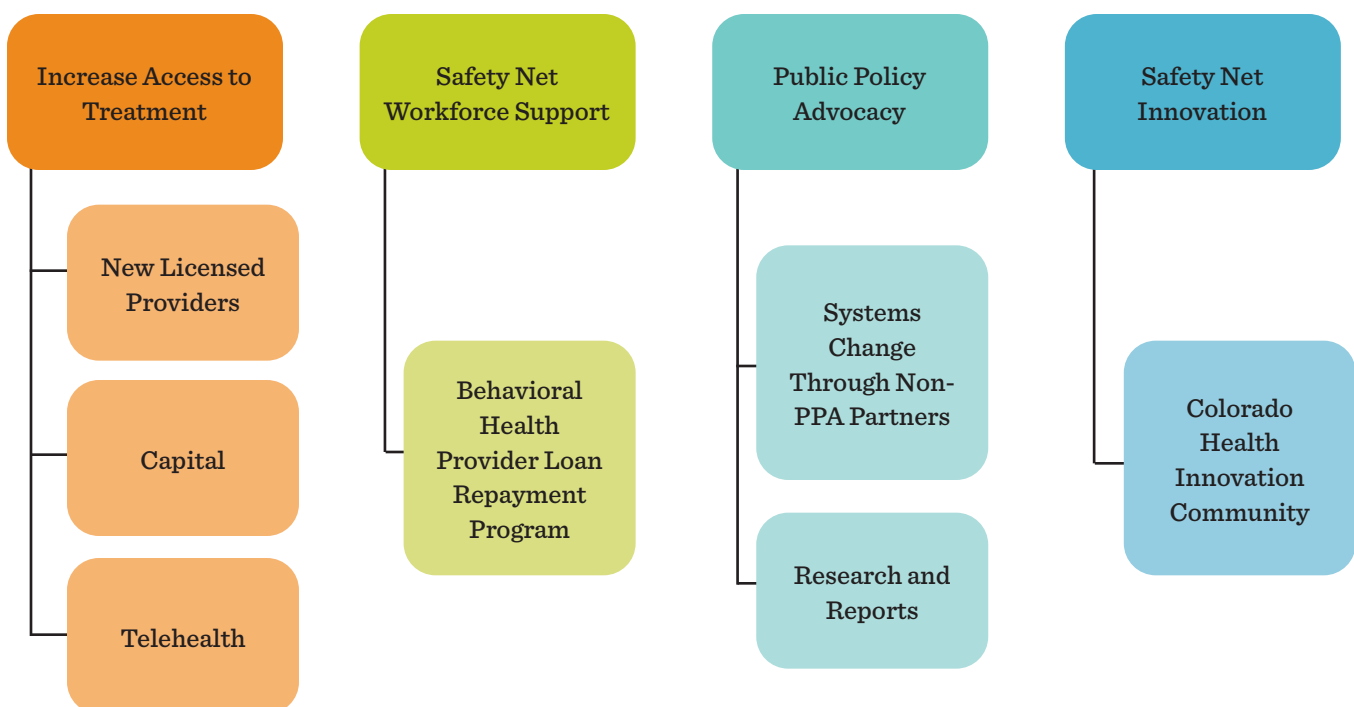
In 2020, providers then faced the unprecedented challenge of responding to the COVID-19 pandemic, the subsequent stay-at-home orders, and an economic downturn. The behavioral health community, including many of the Fund’s grantees, adapted quickly to provide patient care largely by telemedicine. Recent research from the Colorado Health Institute (CHI) found that telemedicine at community mental health centers, for example, accounted for about 1% of total encounters at the beginning of the pandemic (March 2020) and rose to an average of 84% of encounters during the pandemic (March to July 2020).<sup>4</sup>

As the pandemic continues, evidence of a “second wave” of mental health needs is building.<sup>5</sup> Demand is expected to increase over the coming months as social isolation and COVID-19 continue to exact a toll. A poll of Colorado adults in August 2020 found that 53% reported increased mental health strain such as anxiety, loneliness, or stress due to the coronavirus crisis.<sup>6</sup> This mirrors rising national rates of anxiety, depression, and substance use.<sup>7</sup>

Given the increasing behavioral health needs across

**Figure 1. Colorado Health Access Fund Investment Areas**

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





# 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:

**R** Reach the Population of Focus: 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?

**E** 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 community they serve? How do grantees develop high-quality and sustainable programs?

**A** Are Adopted: To what extent were programs adopted by all staff and partners of focus? If a program was not adopted, why not?

**I** Are Implemented: To what extent have grantees made progress toward implementing their programs? What challenges have grantees faced?

**M** Are Maintained: Will grant-funded programs be sustainable once the funding cycle ends? Will new programs or program expansions continue without the Fund's support?

**P** Adapt to the Policy Environment: Which policies supported grantee programs and which hindered programs?

the state, the Fund has committed to evaluating how its investments are increasing access to services. This report is CHI's fifth annual evaluation of the Fund's Access to Treatment strategy. Its 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 sixth year of Access to Treatment grantmaking?

The report also assesses how well the strategy has stayed true to its original intent, including helping Coloradans with high health care needs and allocating grants equitably among rural, urban, and suburban areas. Those assessments are made throughout the report.

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. Two of the Fund's focus areas are profiled in the report as well: Innovative approaches to treating substance use disorders and efforts to provide services to immigrant and refugee communities.

## TELE-TERMS

In this evaluation, telemedicine refers to the delivery of care services between different locations via an electronic exchange of health information. Given the focus of the Fund on behavioral health, the term is also intended to include mental health care and substance use treatment provided remotely through an electronic exchange of information.

The term telemedicine includes a broad scope of remote care, including diagnosis, treatment, patient education, care management, and remote patient monitoring.

Terminology in the grantee evaluation report template used the term telebehavioral health. In addition, grantees often used the terms telehealth, telepsychiatry, and teletherapy in their reports. With a few exceptions, CHI assumed these descriptions are interchangeable with the term telemedicine and used a single term for consistency.

# THE EVALUATION

## REACH

### GUIDING QUESTIONS

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

### KEY FINDINGS

1. In its fifth year, the Fund provided behavioral health services to almost 23,000 Coloradans.
2. The Fund's grantees aimed to serve Coloradans with the highest health needs, including those who are trauma-affected, people of color, and young people between the ages of 13 and 18.
3. Nearly 71% of the Fund's grantees focused on immigrants, refugees, and people of color in Year Five.
4. Fund-supported programs continue to reach Coloradans who are Medicaid members, disproportionately young, and racially and ethnically diverse.
5. The Fund's Access to Treatment strategy supported more than 84,000 unique direct services to Coloradans in Year Five. There was a marked increase in telemedicine services.
6. In Year Five, the Fund's Access to Treatment strategy continued to focus on rural outreach.

### REACH FINDING 1

**In its fifth year, the Fund provided behavioral health services to almost 23,000 Coloradans.**

The Fund's grantees provided direct services to 22,998 people in Year Five. The grantee-reported number of people that received services in Year Five is likely an undercount as additional family members sometimes benefit from the services. For example, The Center for Effective Interventions at the University of Denver counts one child as receiving direct services but provides behavioral and substance use services to the entire family unit through intensive in-home therapy. The Fund has now reached more than 100,000 Coloradans since 2016.

More people were served in the Fund's fifth year than in Year Four, when the Fund reached 13,000 people. This may be attributed to an increase in grants from 35 in Year Four

to 42 in Year Five. However, the number of people reached was less than in both Year One (32,000) and Year Three (25,000).

Several grantees reported providing behavioral health services to more people than in previous years. The mean number of people served per grantee in Year Five was 548, an increase from Year Four, when grantees averaged 391 people. For example, STRIDE Community Health — the grantee that served the most people in Year Five — reached almost 2,850 Coloradans in its second year of receiving funds to expand access to specialized care for LGBTQ+ people, people experiencing substance use disorder, and youth. There was an increase from 871 in Year Four. And Mind Springs Health, which served the second-most people in Year Five, increased its reach from nearly 1,500 in its first year to almost 1,900 in its second year of receiving funds to expand and enhance mental health services and provide safe transport of patients to treatment.

More than one-third (14) of grantees are in their first year of multiyear funds, and it is anticipated that some will continue to increase the number people they serve over time.

### EVIDENCE OF REACH

STRIDE Community Health used funds to improve and increase access to behavioral health care for pediatric and LGBTQ+ clients as well as for those who are experiencing substance use disorders. It hired licensed providers who specialize in the care of those specific populations.

Mind Springs Health used funds to double the bed capacity in West Springs Hospital, the only psychiatric hospital between Denver and Salt Lake City. It doubled its capacity from 32 to 64 beds to meet the growing demand for inpatient psychiatric hospitalization in the region.

### REACH FINDING 2

**The Fund's grantees aimed to serve Coloradans with the highest health needs, including those who are trauma-affected, people of color, and young people between the ages of 13 and 18.**

All 42 grantee programs supported in Year Five served one or more groups of Coloradans who likely face multiple barriers to behavioral health care, such as those experiencing unemployment, lacking health care coverage,



or grappling with substance use disorder. Figure 2 displays the percentage of grantee programs that served different groups of Coloradans.

Of the 42 fund grantees, more than four in five (81%) aimed to serve people affected by trauma, compared with 86% in Year Four. This population has been the primary focus of most grantees’ programs for the past three years. Different grantees work with people experiencing different types of trauma, including grief, loss, childhood trauma, intergenerational trauma, and more. Additionally, some grantees used funds to incorporate trauma-informed strategies into their practices.

Almost three-quarters (74%) of grantee programs aimed to serve adolescents between the ages of 13 and 18, compared with 34% in Year Two. Grantees supported this age group with a range of approaches, such as providing groups with cognitive-behavioral therapy skills or substance use services at local middle and high schools.

Seven in 10 (71%) grantee programs aimed to serve people of color, a significant increase from 60% in Year Four. Another 67% of Year Five grantee programs aimed to serve people with limited proficiency in English.<sup>8</sup>

Another 67% of grant programs aimed to serve people experiencing a substance use disorder, which is less than Year Four (77%) and Year Three (68%) when CHI first started tracking this population. While fewer grantee

programs aimed to serve this population, grantees are still serving a significant number of people seeking treatment for substance use. A number of grantees are reaching people through medication-assisted treatment (MAT), as described on Page 32.

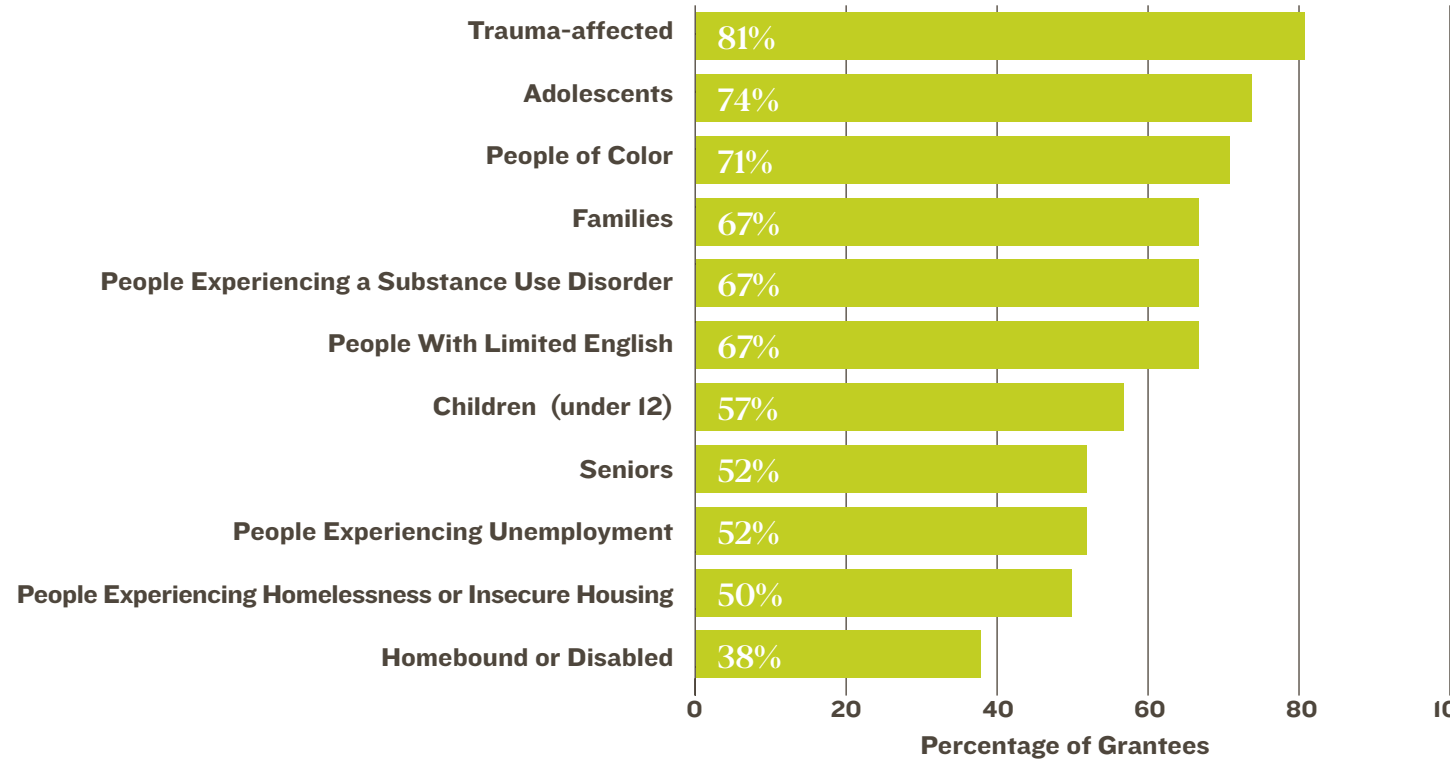
Other populations of focus include Coloradans who are homebound, disabled, experiencing homelessness, experiencing or facing unemployment, children under age 12, seniors, and families.

EVIDENCE OF REACH

Mental Health Partners remodeled its Trauma Center for Excellence to include adult and child waiting rooms, play-therapy rooms, trauma-informed therapy rooms, and areas for evidence-informed adjunctive practices, including neurofeedback, trauma-informed yoga, and acupuncture. Fund support focused on complex trauma, family systems, and intergenerational trauma, co-occurring behavioral and physical health conditions, underserved populations, and innovative complementary treatments.

Servicios de La Raza hired a bilingual mental health therapist to provide culturally and linguistically responsive treatment to low-income and Spanish-speaking clients experiencing trauma. The funding was also used to provide mental health counseling and outpatient substance use services to almost 200 monolingual, Spanish-speaking clients.

**Figure 2. Which Populations Are Grantees Aiming to Serve?**  
Grantees could serve more than one group. The percentage is based on 42 awarded grants.



## REACH FINDING 3

### Nearly 71% of the Fund's grantees focused on immigrants, refugees, and people of color in Year Five.

In Year Five, almost three in four (71%) of grantees aimed to serve people of color, an increase from 60% in Year Four and 68% in Year Three.

This increased focus reflects the Fund's intentional effort to reach communities that may face systemic discrimination when seeking health care services. For example, many immigrants, refugees, and other people of color experience unique challenges to accessing behavioral health care services, including racial discrimination, fear of deportation, lack of translation services, and feelings of shame or stigma. (See Page 30 for more on these efforts.)

## EVIDENCE OF REACH

Rocky Mountain Immigrant Advocacy Network used funds to pay parts of the salaries of two (of three) staff social workers. This made it possible for staff to provide behavioral health support to clients through therapeutic visits, planning and referral to services after release from detention, and support with legal immigration issues.

The Asian Pacific Development Center (APDC) used its grant to hire a community navigator who speaks the same language as the refugees and immigrants the organization serves. Additionally, APDC hired a part-time behavioral health clinician who understands the linguistic and cultural differences of its population of focus, such as serving people who have mental health needs but may not be open to receiving services due to stigma in their community.

## REACH FINDING 4

### Fund-supported programs continue to reach Coloradans who are Medicaid members, disproportionately young, and racially and ethnically diverse.

For the third time since the Fund began, grantees reported demographic information on the 23,000 people they reached in Year Five. Not all grantees reported the same types of information or level of detail, but the aggregated results give a broad picture of who is benefiting from the Fund's supported programs (See Figure 3).

Consistent with previous years, programs reported that more than half (52%) of the people they served were enrolled in Medicaid — also known as Health First Colorado — or the Child Health Plan *Plus* (CHP+) as their primary insurance. Almost one in six (15%) people

served were uninsured. Statewide, about one in five (20%) Coloradans was enrolled in Medicaid or CHP+, and just 7% were uninsured in 2019.<sup>9</sup>

More than two in five (41%) people served by the Fund identified as Hispanic or Latinx. About one in five (22%) Coloradans identified as Hispanic or Latinx in 2019.<sup>10</sup>

More than one in four (28%) people served by grantees were under age 18, which is a decrease from 35% in Year Four. In its fifth year, the Fund supported youth by increasing pediatric behavioral health treatment, providing services to children in families with mixed immigration status, supporting the evaluation of programs that serve children, and more.

And almost one in six (17%) people served by the Fund report their primary language is not English.<sup>11</sup> By comparison, 5% of Coloradans report they speak English “less than very well.”

This highlights the Fund's ability to serve groups who face barriers to accessing the behavioral health care they need.

## EVIDENCE OF REACH

The Health District of Northern Larimer County's Child, Adolescent, and Young Adult Connections (CAYAC) program used funds to provide children, adolescents, and young adults (ages 0-24) with emerging or potential behavioral health needs with appropriate assessment and treatment as early as possible. Funds supported a psychologist position and internship stipends for one doctoral student from Colorado State University's Psychology Department to expand child and adolescent psychological testing services, as well as program evaluation for the CAYAC team.

SummitStone Health Partners built a comprehensive behavioral health clinic in Fort Collins as a hub for prevention, intervention, and treatment services. This location offers psychiatry, children, youth, family and adult treatment, peer services and substance use monitoring.

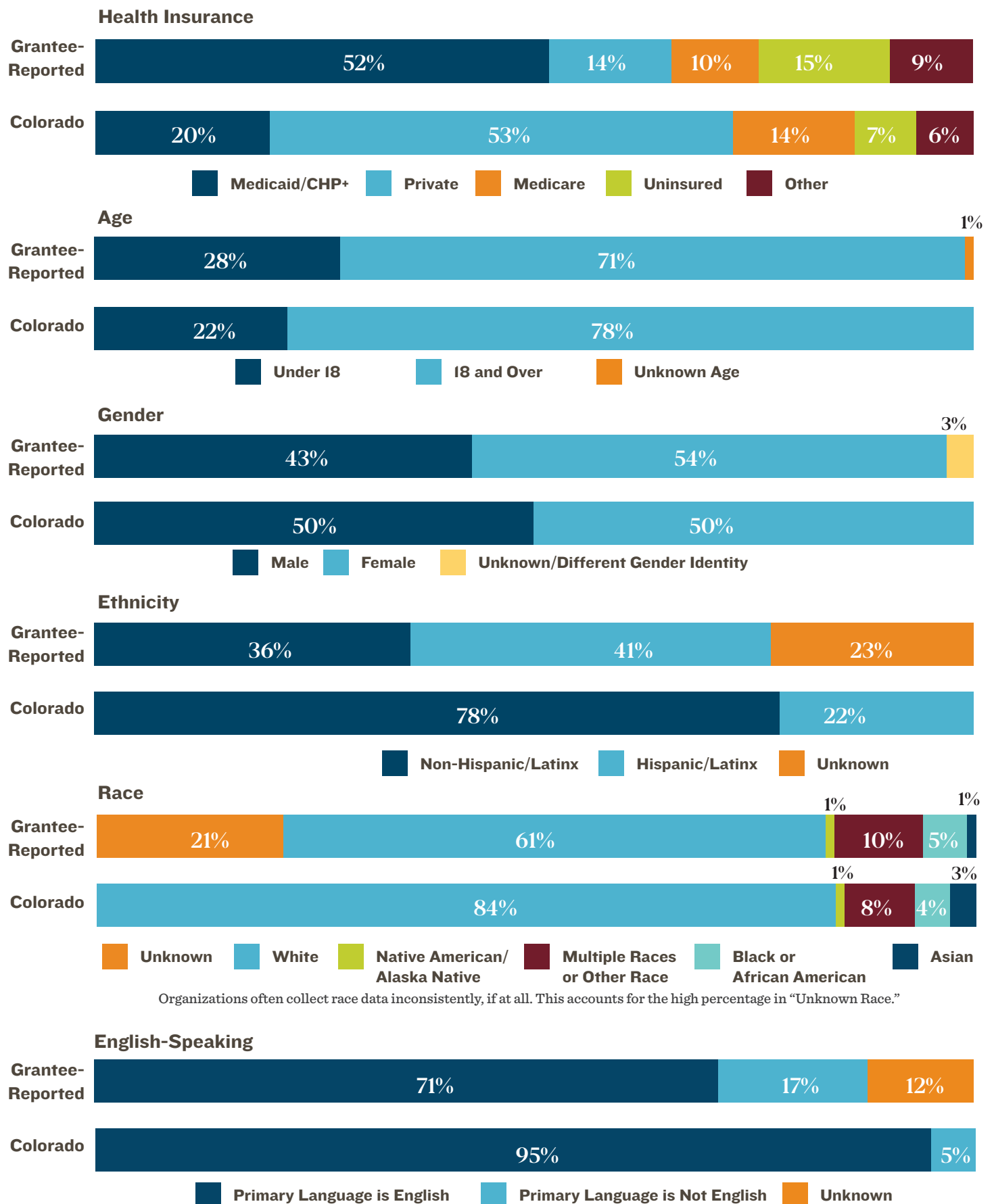
## REACH FINDING 5

### The Fund's Access to Treatment strategy supported more than 84,000 unique direct services to Coloradans in Year Five. There was a marked increase in telemedicine health services.

The 23,000 Coloradans served by the Fund received more than 84,000 direct services. This is greater than the number of direct services provided in Year Three (81,221) and Year Four (55,000).



**Figure 3. Who Are Fund-Supported Programs Serving?<sup>12</sup>**



“Non-English Speaking” captures people who reported speaking English “less than very well” on the 2019 American Community Survey one-year estimates.

**Figure 4. What Services Did Colorado Health Access Fund Grantees Provide?<sup>13</sup>**



Of the 84,627 services provided, the most frequently offered was one-on-one in-person counseling (13,072 or 42% of all services). (See Figure 4.) In Year Four, one-on-one counseling sessions were also the most common service (20,000 offered; 36% of all sessions).

Grantees provided over 13,000 telemedicine health services. This represented 15% of all direct services in Year Five, and marked a significant increase from Year Four, when telemedicine health services were 3% of all direct services. In fact, 30 grantees noted they provided telehealth/telepsychiatry services in Year Five, up from only two in Year Four (See Figure 5). The share of telemedicine services has likely increased due to policy changes improving access to telemedicine health during the COVID-19 pandemic.

Behavioral health professionals provided over 13,000 brief clinical assessments to determine patients' needs for further therapy, counseling, medication, and other interventions (15% of all direct services).

Grantees also provided almost 6,900 "warm handoffs," where a primary care clinician identifies a patient's behavioral health need and introduces the patient to a behavioral health professional in the same visit (8% of all direct services).

In Year Five, grantees provided more than 2,600 in-person group counseling sessions (3% of all direct services). This decrease from 8% of services in Year Four is likely due to restrictions on group gatherings because of COVID-19.

Grantees reported over 6,000 services supported by the Fund that did not cleanly fit into these categories. These made up 7% of services provided. These services varied by grantee and included care coordination, detoxification, psychiatric medication management, and family counseling.

## EVIDENCE OF REACH

Mile High Behavioral Healthcare (MHBHC) hired a mobile therapist who provided services to youth experiencing homelessness. These services included crisis intervention, brief treatment, group and individual counseling, mental health evaluations, and client-intake assessments for individuals needing additional supports and services. The mobile therapist also connects people to detox and access to other health services.

Metro Crisis Services Inc. used grant funds to support the Colorado Crisis Services statewide behavioral health hotline and warm line — a free and confidential peer support line with a focus on specific populations, including people living in rural communities and young adults.

## REACH FINDING 6

### In Year Five, the Fund's Access to Treatment strategy continued to focus on rural outreach.

In its fifth year, the Fund continued to support behavioral health programs that serve people in rural areas. Many Year Five grantees had headquarters in rural locations, including Alamosa, Carbondale, Durango, Frisco, Glenwood Springs, Montrose, Olathe, Sterling, Steamboat Springs, and Telluride. (See Map 1.)

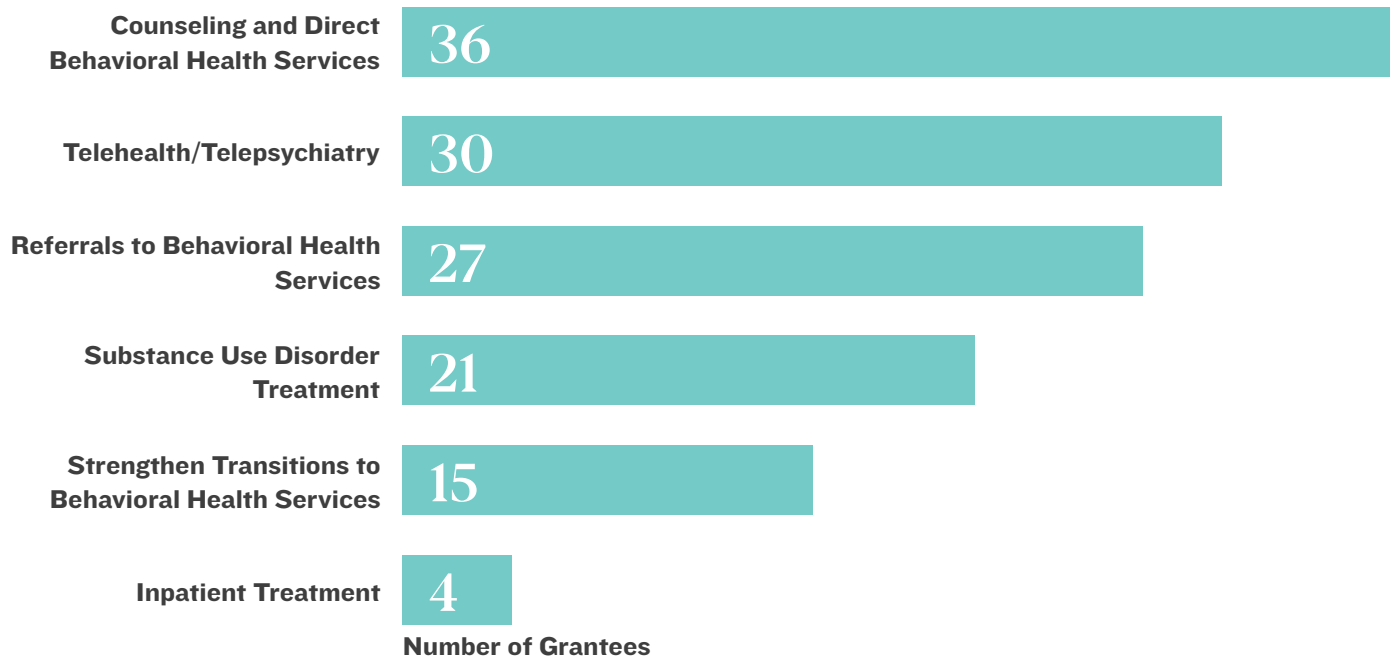
In Year Five, almost two in three (66%) grantee administrative offices were located along the Front Range, including Aurora, Boulder, Colorado Springs, Denver, Fort Collins, and Lakewood, a slight shift from Year Four (65%).

Fewer dollars went to rural parts of the state in Year Five than in Year Four. The funds directed to rural areas decreased from 47% in Year Four to 35% in Year Five. (See Figure 6.)



## Figure 5. Behavioral Health Services Supported by the Fund

This graph shows how many grantees focus on each type of service. These categories are mutually exclusive. Many Fund-supported programs offer multiple service types.



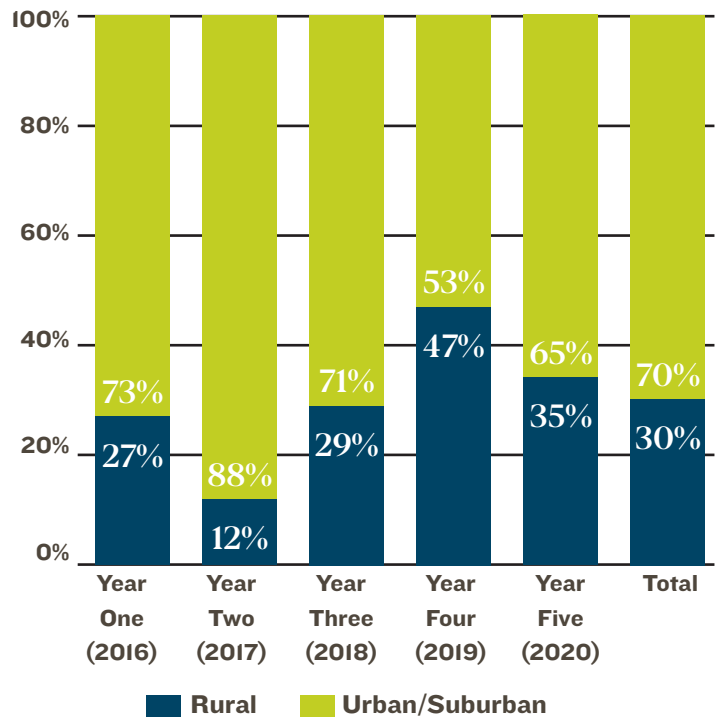
Nevertheless, the Fund’s capital grants focus on reaching people in rural communities. In Year Five, approximately 23.7% of all funds spent to support the Access to Treatment strategy – or \$950,000 of the \$4,011,466 total – went to capital projects. This represents a change from Year Four, when capital grants made up 40% of total funds. (See box on Page 17.)

Part of this decrease in rural investment is because some sizable grants that served people living in rural communities ended in Year Four, including Axis Health System and St. Mary’s Hospital. In addition, of the grantees that completed their first year in Year Five, five are in rural communities and nine are in urban communities. The nine in urban communities tend to be larger grants, including Denver Health & Hospitals, Mesa Development Services, Caritas Clinic, and SummitStone Health, compared with the five that serve rural communities. In effect, this has increased the proportion invested in urban and suburban communities.

## EVIDENCE OF REACH

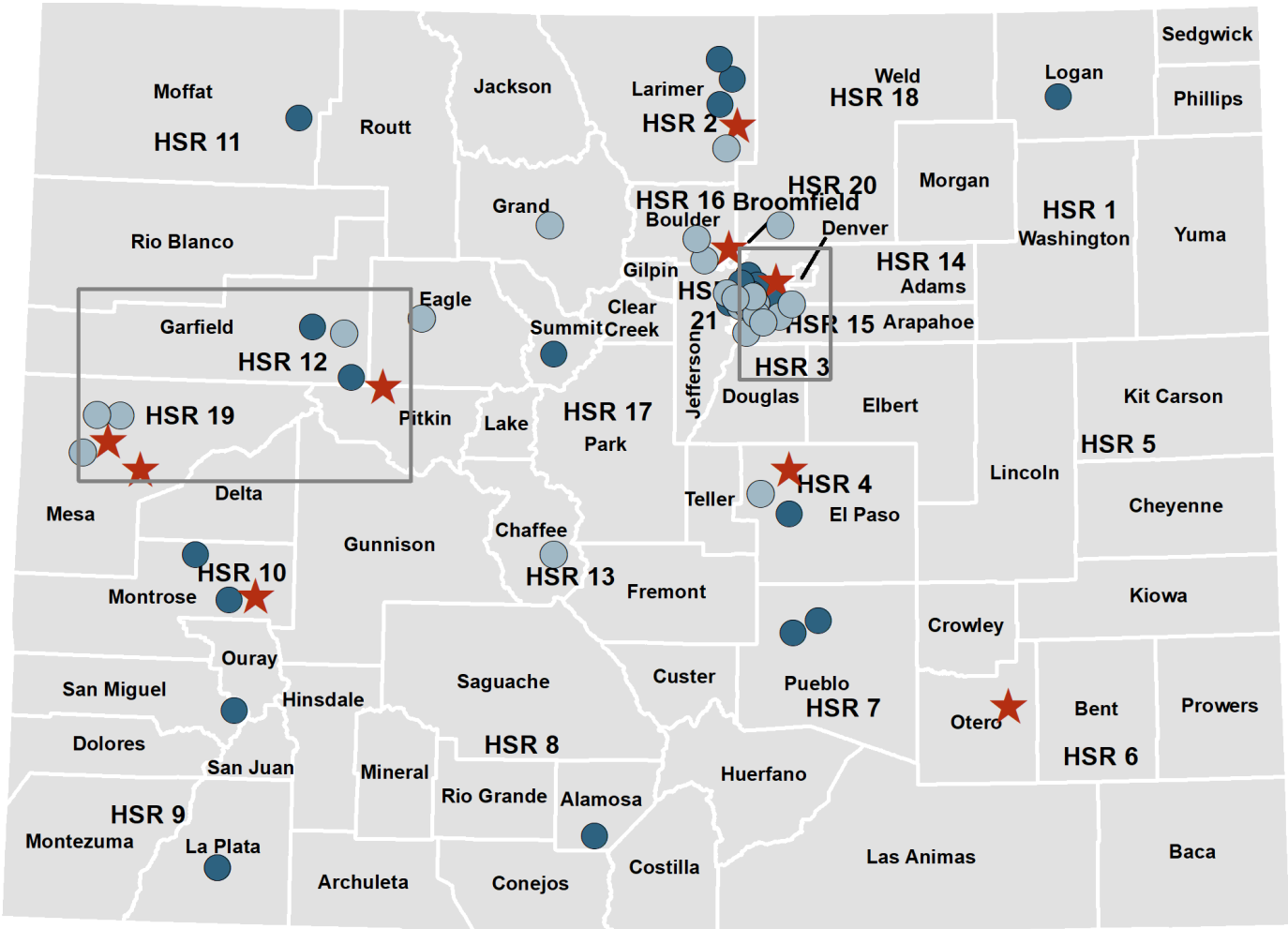
Mountain Family Health Centers renovated behavioral health facilities at the center’s relocated and expanded Basalt Integrated Health Center. This resulted in an increase in the number of individual therapy rooms, the addition of a new group therapy room, an increase in behavioral health providers and social advocates, the implementation of new substance use disorder treatment modalities, and increased access to integrated behavioral health care for under-resourced people in the Roaring Fork Valley.

Figure 6. Access to Treatment Geographic Funding Distribution, 2016-20



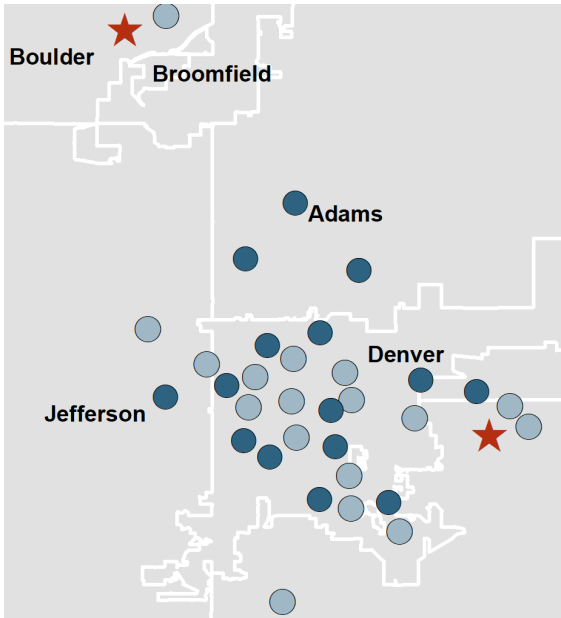
Tri-County Health Network’s grant funds paid for the salary for an integrated behavioral health therapist at Mountain Medical Clinic in Ridgway, the only family practice clinic in Ouray County.

Map I. Colorado Health Access Fund Grantee Locations

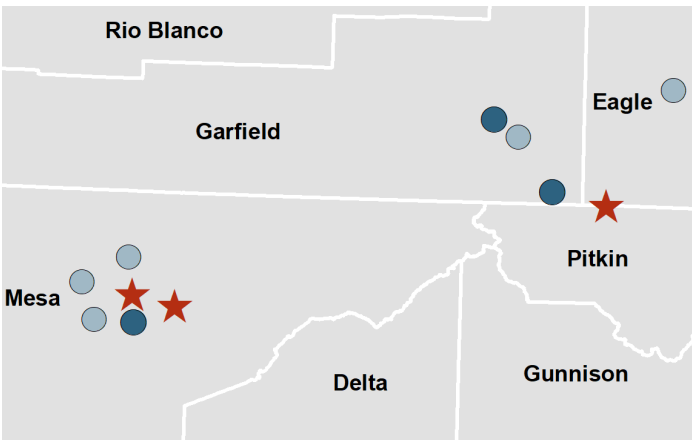


★ Active Year Five Grantee: Capital      ● Active Year Five Grantee: Program      ● Past Grantee

Denver Metro Area



Western Slope





# EFFECTIVENESS

## GUIDING QUESTIONS

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 unique characteristics of the community they serve?

## KEY FINDINGS

- Partnerships and coordinating with other organizations were keys to programs' success.
- In Year Five, grantees used data and technology to better understand and tailor programs to their community's needs.
- Grantees trained and tailored their staff to meet the needs of their populations of focus.
- After the onset of the COVID-19 pandemic, grantees transitioned to using telemedicine, allowing them to continue to offer services and earn revenue.

## EFFECTIVENESS FINDING 1

**Partnerships and coordinating with other organizations in the community were keys to programs' success.**

As in previous years, coordinating with partners and building connections with organizations in the community were key many programs' effectiveness. These formal and informal partnerships included relationships with organizations that connected patients to services provided by grantees or supported grantees' programs as they were developing. The partners included schools, law-enforcement, community-based organizations, jails, advocacy organizations, government agencies, health providers, community members, and even families of clients. Coordinating with partners was also key to planning for program sustainability (See Page 21 for more).

## EVIDENCE OF EFFECTIVENESS

The APDC's community partner, the Immigrant Refugee Center of Northern Colorado, refers people who need culturally and linguistically appropriate behavioral health services to APDC's program and provides office spaces for counseling sessions. APDC has been working collaboratively with other community service providers to provide counseling and case management services.

- Olathe Community Clinic/River Valley Family Health Centers enhanced its partnerships with local hospitals, jails, and The Center for Mental Health to facilitate its outpatient substance use disorder services. In the past year, River Valley provided training at local emergency departments on how to administer Suboxone to treat

opioid use disorders. Emergency department staff then referred patients to River Valley to ensure continuity of care. Additionally, River Valley has established a partnership with the Montrose Jail and Advantage Treatment Center to offer treatment for justice-involved clients who have a substance use disorder diagnosis.

## EFFECTIVENESS FINDING 2

**In Year Five, grantees used data and technology to better understand and tailor programs to a community's needs.**

About a quarter of grantees made use of their electronic health records, clinical infrastructure, and technology workflows to gather data on their clients and services, which they used to inform program activities. Some programs implemented care coordination systems, which made tracking patients' progress from initial assessment to diagnosis and treatment more efficient. Programs used data about their patients, clients, and services to fine-tune processes, understand how they are delivering services, and evaluate and learn how to improve service provision and make use of resources.

## EVIDENCE OF EFFECTIVENESS

Servicios de La Raza (SDLR) staff collected descriptive data that helped them answer questions about their interactions between their clinician, peers, and other staff at SDLR and the Spanish-speaking clients they serve. The data helped deepen their understanding of how Spanish-speaking clients access behavioral health treatment services at SDLR, how trauma-informed care services are delivered, whether the program adheres to best practices, and what resources are needed by clients.

Denver Health & Hospitals' data analysis team supported the development of an integrated database and clinical interface for the services provided to patients at Denver jails. This helped them better understand the patients they serve and track services they provided.

## EFFECTIVENESS FINDING 3

**Grantees trained and tailored their staffs to meet the needs of their populations of focus.**

Programs were effective when grantees trained or hired staff with the skills and background to meet the unique needs of the populations they serve, including nuances of culture and views on mental health.

# CAPITAL FUNDING

## CAPITAL INVESTMENT INCREASED ACROSS URBAN AND RURAL COLORADO FOR A SECOND YEAR

Nine\* capital grants were awarded in Year Five, a jump from five grants in Year Four. The Fund supported construction and renovations of clinics and hospitals, with an eye toward expanding access to behavioral health and substance use treatment. The Fund's staff recognized the continued need for more hospital beds and facilities where behavioral health care can be delivered. The need is especially pronounced in rural areas.

In Year Five, a total of \$4,011,466 was awarded for all Access to Treatment grants, with nine capital grants comprising roughly a quarter (23.7%) at \$950,000. Among the capital funds, 16.3% of dollars went toward rural communities and the remaining 83.7% mostly toward urban areas.

Three of the Fund's nine capital grants supported building projects in rural communities. Other capital projects — like those in Grand Junction and Fort Collins — are in urban areas but are likely to serve people in surrounding rural communities.

The nine capital grants in Year Five served more than 7,700 Coloradans with direct services, the majority of which were one-on-one and group counseling sessions. That is up from 3,100 in Year Four from five capital grants.

\*Note: The Fund supported three additional projects (for a total of 12 capital projects) that could not commence in 2020 because of COVID-19 delays and other unforeseen circumstances. These grantees were not included in this year's analysis.

## EVIDENCE OF EFFECTIVENESS

Caritas Clinic — part of SCL Health — hired a behavioral health specialist licensed as both a clinical social worker and clinical addiction counselor to offer tailored services for patients seeking MAT for substance use disorder.

Valley Settlement paired mothers of children under age 3 experiencing depression with *compañeras*, or peers, who have had similar experiences. The *compañeras* were suited to the role not only because they were bilingual and bicultural, but because they displayed warmth and empathy toward clients. Valley Settlement's *compañeras* were representative of the community they serve, were deeply trusted, and they had personal experience with perinatal depression.

## EFFECTIVENESS FINDING 4:

**After the onset of the COVID-19 pandemic, grantees transitioned to using telemedicine, allowing them to continue to offer services and earn revenue.**

Most programs transitioned some or all their services to telemedicine at the onset of the pandemic. Many were still using telemedicine as of late 2020, as patients preferred

to stay at home for treatment to lessen risk of COVID-19 infection. Nearly three-fourths (30 grantees) were able to provide telemedicine behavioral health services because of the Fund's support. Grantees used their awards to support behavioral health providers' salaries and, in some cases, to set up telemedicine capabilities.

The Fund has long supported telemedicine as a strategy for improving access, an approach that promoted the use of telemedicine services this year. Some programs — such as Axis Health System's grant that created more telemedicine capacity for its providers — were already in place prior to the pandemic.

Overall, the transition to telemedicine itself was successful for most grantees, and adaptation to new technology solutions and workflows was smooth. Grantees said that telemedicine services allowed them to have uninterrupted connection with patients during stay-at-home orders. Telemedicine also allowed programs to reach new patients affected by social isolation, depression, and anxiety during to the pandemic.

## EVIDENCE OF EFFECTIVENESS

Centennial Mental Health Center, which established integrated care in three northeast Colorado rural health clinics, successfully launched a telemedicine platform to support its program in response to COVID-19, expediting

| Grantee and Service Region  | Purpose of Grant   | People Served |
|---|--|---------------|
| <b>The Center for Mental Health</b><br>Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties                            | Renovated and built a first-of-its-kind regional resource for crisis care for mental health and substance use disorder services in Colorado's central Western Slope region, spanning 10,000 square miles. This center serves youth and adults.   | 645           |
| <b>Children's Hospital Colorado (Aurora Health Pavilion)</b><br>Adams and Arapahoe counties, Denver metro, rural areas east of Aurora | Built a pediatric Health Pavilion, an outpatient area for children with 11 outpatient mental health rooms plus an outpatient mental health group space to accommodate ongoing outpatient mental health care and spontaneous mental health needs. The project joined a facility providing primary care and addressing social determinants of health in a medically underserved community. | 590           |
| <b>Children's Hospital Colorado (Colorado Springs)</b><br>El Paso County, Southern Colorado   | Built southern Colorado's first comprehensive pediatric hospital, opening in 2019 with 110 beds. This included a 2,286-square-foot, six-room behavioral health crisis unit, increasing the region's ability to address pediatric mental health.  | 1,114         |
| <b>Mental Health Partners</b><br>Boulder and Broomfield counties  | Remodeled Mental Health Partner's (MHP) Trauma Center for Excellence, a 6,500-square-foot space at MHP's Lafayette location. The renovation includes adult and child waiting rooms, a play-therapy room, trauma-informed therapy rooms, and areas for evidence-informed adjunctive practices (e.g., neurofeedback, trauma-informed yoga, acupuncture).                                   | 223           |
| <b>Mountain Family Health Centers</b><br>Eagle, Garfield, Pitkin, and Rio Blanco counties   | Renovated and expanded behavioral health facilities in the new Basalt Integrated Health Center. This increased its physical space for behavioral and substance use disorder therapies and treatment.   | 223           |
| <b>SummitStone Health Partners,</b><br>Larimer County   | Built a comprehensive behavioral health clinic in Fort Collins as a hub for prevention, intervention, and treatment services. Using a "hub-and-spoke" facilities model, this location offers psychiatry, children, youth, family and adult treatment, peer services, and substance use monitoring.   | 2,257         |
| <b>Southeast Health Group</b><br>Baca, Bent, Crowley, Kiowa, Otero, and Prowers counties  | Built and renovated a Regional Assessment Center in La Junta providing inpatient treatment to people who are both intoxicated and suicidal, as well as people needing substance use treatment. It continued to provide outpatient substance use treatment services in Year Five at two other locations in Eads and Springfield.  | 489           |
| <b>Mesa Development Services (STRiVE),</b><br>Mesa County   | Renovated and expanded space for behavioral health treatment for adults and children with intellectual and/or developmental disabilities in Grand Junction.  | 214           |
| <b>West Springs Hospital</b><br>Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, and Summit counties                            | Rebuilt and expanded the West Springs Hospital — the only psychiatric hospital between Denver and Salt Lake City — from 32 to 64 beds in 2019.   | 1,869         |



in-home services for patients referred from other clinics.

Chanda Center for Health was able to continue providing effective behavioral health services via telemedicine amid COVID-19 to address ongoing needs as well as new behavioral health needs that arose as a result of COVID-19.

Axis Health System's telemedicine program, which the Fund supported prior to the pandemic, laid the groundwork for all of its behavioral health services to go virtual within two weeks of when the pandemic hit in March. The organization had over 50 behavioral health providers transition from in-person services to telemedicine using the best practices and workflows that were made possible through Fund support.

## ADOPTION

### GUIDING QUESTIONS

To what extent were programs adopted by all target staff and partners? If not adopted, why not?

### KEY FINDINGS

- Three of four grantees reported full adoption of their programs, a significant decline from previous years, due largely to the COVID-19 pandemic.
- Building rapport with community and educating people about services were keys to programs' adoption.
- Standardizing workflows, roles, responsibilities, and engaging with staff through team building helped ensure staff buy-in.

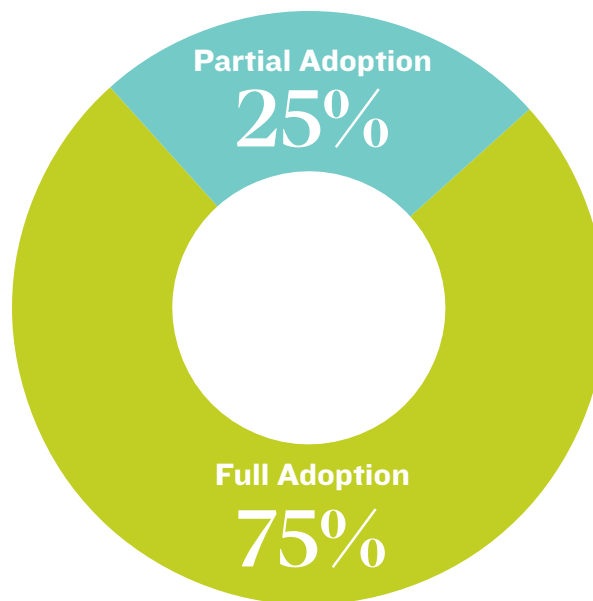
### ADOPTION FINDING I

**Three out of four grantees reported full adoption of their programs, a significant drop from previous years, due largely to the COVID-19 pandemic.**

CHI considers a program successfully adopted when staff and partners in the community fully embrace the purpose and goals of the program. In 2020, three of four Fund-supported programs were successfully adopted (75%). (See Figure 7.) This was a decrease from the previous two years, when over 90% of grantees reported programs being adopted as planned.

Examined another way, among the 23 multiyear grantees that reported data in Year Five and Year Four, 16 showed no difference in adoption levels, six of them dropped in adoption levels (going from full adoption in Year Four to partial adoption in Year Five), and one grantee went from partial adoption in Year Four to full adoption in Year Five.

**Figure 7. Adoption of Programs (Percentage of Grantees)**



Interruptions from the COVID-19 pandemic were the primary reason some programs were not fully adopted. That said, most grantees' programs were fully adopted despite the pandemic, which is a significant achievement given the unforeseen circumstances of 2020.

### EVIDENCE OF ADOPTION

Peak Vista Community Health Centers experienced significant disruption of its normal operations during the COVID-19 emergency, which initially impacted its team's ability to integrate a behavioral health provider into their dental clinic. When dental operations resumed after stay-at-home orders ended, staff had fallen out of the practice of screening every patient for possible hand-off to the behavioral health provider. To improve adoption, the care team developed a system to communicate that a patient is available to be seen by the behavioral health provider. Since then, staff members have felt more involved with the program.

The Center for Effective Interventions at the University of Denver is a statewide effort to expand availability of Multisystemic Therapy, which provides behavioral and substance use services to youth with criminal offenses in underserved areas of the state. The program's six teams across the state had initial challenges in getting referrals, especially during periods of increased COVID-19 restrictions. They reached out to partners in the teams' six communities to ensure appropriate referrals continued and all partners were eventually bought into the program.

## ADOPTION FINDING 2

### Building rapport with community and educating people about services were keys to programs' adoption.

Grantees are doing outreach to build rapport and understand how best to serve their communities. Two key elements to the successful adoption of programs are offering consistent communication and education about program services to outside stakeholders and potential patients, and ensuring that other community organizations, health care providers, and leaders are aware of the program, its intent, and its services.

#### EVIDENCE OF ADOPTION

Summit Community Care Clinic (SCCC) reported its greatest challenge was engaging families who were most in need of the services. By working closely with youth in middle and high schools, SCCC staff were able to identify their needs and connect kids and their families to services at the clinic.

Staff at The PIC Place (Partners in Integrated Care), which used funds to support its behavioral health provider in its integrated community dental care clinic, reported initial hesitation toward its program because of a lack of communication and education about their scope of services. Staff responded by getting the word out to stakeholders about their services. As a result, referrals to The PIC Place's crisis center for inpatient assessment and transition to outpatient care increased.

## ADOPTION FINDING 3

### Standardizing workflows, roles, responsibilities, and engaging with staff through team building helped ensure staff buy-in.

Grantees garnered buy-in from staff by standardizing responsibilities, identifying clear roles, organizing team meetings, and setting clear expectations. For some, integrating new behavioral health providers or introducing new staff to program workflows was challenging. Many grantees fostered buy-in by having staff regularly meet to discuss program support, staff concerns, and ways to become more effective in their roles.

#### EVIDENCE OF ADOPTION

Some primary care providers at Valley-Wide Health Systems were hesitant to use the services of two integrated behavioral health providers hired at the beginning of the program. So, Valley-Wide Health Systems scheduled team

meetings to provide support, facilitate cooperation, and foster improved communication among the behavioral health and primary care providers. This helped to develop trust among participants, identify effective workflows, and promote mutual support, which improved adoption of behavioral health provider integration.

La Clínica Tepeyac faced challenges in adopting a new process for behavioral health screenings within its medical provider's workflow. The organization gathered its entire team — including a clinic manager, medical providers, medical assistants, and behavioral health clinicians — to clearly lay out a new process for screening, map out responsibilities among team members, and ensure roles were clear. This improved buy-in among the team.

SummitStone Health Partners, which used its grant to develop behavioral health clinic rooms, created a weekly meeting to share information and build relationships across teams. Previously, clinical team meetings were separate and did not include people from other teams.

## IMPLEMENTATION

### GUIDING QUESTIONS

To what extent have grantees made progress toward implementing their programs? What challenges have they faced?

### KEY FINDINGS

- Most grantees successfully implemented their programs, but COVID-19 impacted the ability to provide services.
- Logistical and technology-related barriers to service delivery were heightened by the pandemic.
- Turnover and recruitment continued to be barriers to implementation.

## IMPLEMENTATION FINDING 1

### Most grantees successfully implemented their programs, but COVID-19 impacted the ability to provide services.

CHI considers a program successfully implemented when it is carried out as originally envisioned by the grantee. While most grantees did achieve successful implementation, they experienced a variety of setbacks due to the COVID-19 pandemic.

In early 2020, there was a sharp drop in the number of patients accessing programs because of COVID-19-related restrictions on providing non-emergency services in person. While many programs have slowly increased in

person services, pandemic-related safety requirements have made in-person service delivery more complicated. Challenges include scheduling appointments and coordinating providers' schedules in a way that ensures the physical safety of patients and staff.

In addition, several programs located outside of clinical settings — like in jails and schools — were unable to treat clients at all when in-person restrictions were in place.

- School-based care could not happen when schools went to remote learning.
- Jails released inmates due to COVID-19, and some people did not receive substance use or behavioral health treatment as a result.

The transition to telemedicine has allowed programs to continue services remotely. Some grantees, however, have experienced a chilling effect of COVID-19 infection fears that deter patients from returning to in-person services even after stay-at-home orders expired.

## EVIDENCE OF IMPLEMENTATION

Denver Health & Hospitals' Jail to Community program faced significant barriers due to the COVID-19 pandemic, which led to unexpected release dates for incarcerated people. The Jail to Community team, which typically prioritizes patients based on anticipated release date, missed opportunities to provide substance use and behavioral health treatment to inmates as a result.

Kids First Health Care experienced program delays and financial challenges due to the COVID-19 pandemic. When Colorado schools closed, Kids First Health Care's school-based health centers (SBHCs) couldn't provide services to children through the end of the 2019-20 school year. The closure of SBHCs also resulted in a significant loss of revenue, leading to the lay off a behavioral health nurse.

## IMPLEMENTATION FINDING 2

### Logistical and technology-related barriers to service delivery were heightened by the pandemic.

The pandemic-related transition to telemedicine posed technical challenges, especially for organizations new to telemedicine and for patients without access to the internet, broadband, or a computer or smartphone. Organizations needed to provide technology support to patients and staff. Another common challenge was the inability to provide adequate in-person space for behavioral health or substance use treatment due to COVID-19 restrictions on occupancy. Transitioning to and from remote work as restrictions changed was also very disruptive for some grantees.

## EVIDENCE OF IMPLEMENTATION

Staff at Health Solutions (Trinidad Clinic) learned that many of their patients lack access to devices or the internet at home, and others were not comfortable with the technology. Some staff also initially faced technical challenges. In many cases, allowing people to come into the clinic to do therapy with a remote clinician was the only way to continue treatment. Health Solutions is considering adding an "access to technology" question to the social determinants of health series in its screenings so case managers can help willing patients access technology.

Denver Children's Advocacy Center (DCAC) faced challenges implementing telemedicine during the pandemic. Some clients were unable to complete electronic documents, so many forms expired and had to be resent. DCAC developed step-by-step instructions to help clients complete forms and access video conferencing software. DCAC's bilingual staff and therapists provided education and one-on-one support to clients to ensure the shift to virtual service delivery was not a barrier to care. DCAC continued to provide limited in-person sessions for clients who lacked access to internet or technology.

## IMPLEMENTATION FINDING 3

### Turnover and recruitment were disruptive barriers to implementation.

Grantees experienced turnover and recruitment challenges involving both leadership and clinicians in Year Five.

New leadership in several grantee programs brought about significant changes and, in some cases, required a learning curve for both management and staff. New leaders needed to quickly learn the operations, clinical processes, reporting, and logistics of programs.

Turnover among behavioral health staff also created challenges. Some programs had trouble filling vacancies. Providers in rural areas reported difficulties in finding staff willing to live near their programs. In some places, providers concerned about their health during the pandemic left and cash-strapped programs had to cut employees.

## EVIDENCE OF IMPLEMENTATION

Children's Hospital Colorado (Young Mother's Clinic) hired a new medical director, which brought some initial disruption to program implementation. New leadership impacted the ways in which behavioral health providers were used and created workflow changes for the program's team. Staff noted that new leadership could have done a better job of communicating new priorities and agendas, especially when trying to implement new initiatives.

Some staff at Partners in Integrated Care (The PIC Place)



# THE FUND'S FOCUS AREAS

From its inception, the Colorado Health Access Fund was intended to focus on four areas: access to care, education of patients of families, innovations in care delivery, and transitions in care.

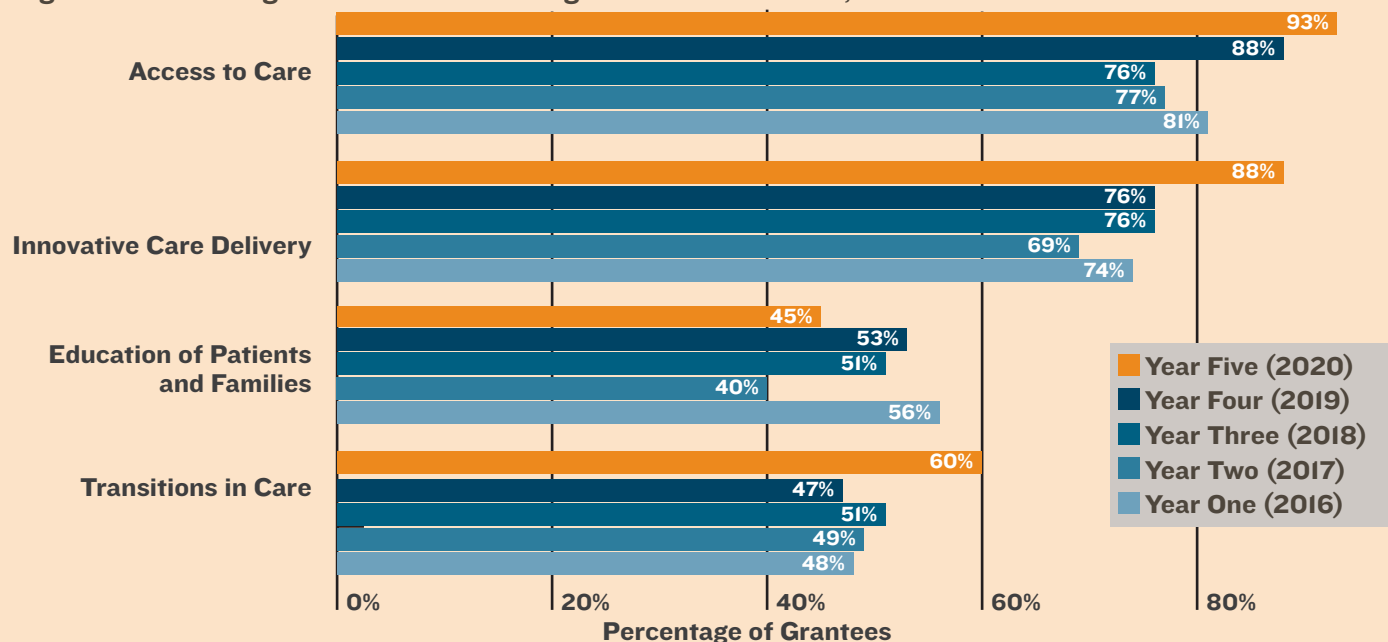
Each year, grantees identify their area(s) of focus. As in prior years, the collective efforts of Access to Treatment grantees have addressed all four areas. Not surprisingly, most grantees served the access to care focus area. The percentage of grantees focusing on access to care jumped for a second year in a row, reflecting an emphasis on serving hard-to-reach

populations and maintaining access during the pandemic (see Figure 8).

Innovations in care delivery was almost as common, with almost nine of 10 grantees (88%) citing this as a focus area. This may be due to the rapid adoption of telemedicine technology during the pandemic, or the necessity of finding creative and innovative ways to maintain patient care during Stay-at-Home or Safer-at-Home orders.

In the graph below, categories are not mutually exclusive. Grantees could report work in multiple categories.

**Figure 8. Percentage of Grantees Working in Each Focus Area, 2016-2020**



experienced stress, anxiety, and secondary trauma during the pandemic. One of the organization's behavioral health therapists resigned abruptly, citing concern for her health and well-being. The PIC Place found that recruiting health professionals during the height of the pandemic was extremely challenging. Behavioral health interns and a volunteer counselor from the community supported clinical staff as the organization looked for a new provider.

## MAINTENANCE

### GUIDING QUESTIONS

Will grant-funded programs be sustainable once the funding cycle ends? Will new programs or program expansions continue without the Fund's support?

### KEY FINDINGS

- Despite setbacks brought about by COVID-19, most grantee programs were resilient and will continue after grant funding ends.
- Many grantees are set up for future sustainability due to reimbursement from Medicaid and other payers, partnerships in the community, and telemedicine.
- Although grantee programs will continue, many uncertainties remain, including Medicaid funding, economic improvement, the state budget, the pandemic, and increasing demand for behavioral health services.

## MAINTENANCE FINDING 1

Despite setbacks brought about by COVID-19, most grantee programs were resilient and will continue after grant funding ends.

Despite challenges grantees faced in 2020 due to the COVID-19 pandemic, no grantees reported ending their Fund-supported programs, and most programs are on track to be sustained beyond the grant. This finding is supported by two quantitative elements of CHI's evaluation, one asked in retrospect and one looking to the future:

- Grantees were asked to rate on a scale of 1 to 5 the extent to which the COVID-19 pandemic has impacted their ability to serve their community through their Fund-supported program, with 1 representing no impact and 5 representing high impact. The mean rating among non-capital grant respondents was 3.2, which represented "somewhat impacted." The most frequent response (the "mode") was 2.5. Comparing these two numbers, most grantees experienced some impact or a negligible impact, and a few experienced significant effects from COVID-19.<sup>14</sup>
- When CHI set out to assess whether grantees intended to sustain Fund-supported programs in the future, it found that the pandemic initially reduced services, but most grantees reported that services were back to normal at the end of Year Five and will continue into the future (see Figure 9).

Of note, these findings mask the wide spectrum of impacts of the pandemic on grantee organizations. Some had to make staffing cuts while others are planning to expand their programs.

## EVIDENCE OF MAINTENANCE

Caritas Clinic's MAT program experienced a rocky start due to COVID-19 but is on track to fund its behavioral health specialist by collecting billing revenue by the time its grant funding ends in 2022. The program is taking steps to ensure that patients are connected to MAT services when appropriate and that the specialist has a sustainable caseload. These steps include reviewing charts and training providers on assessment and referral to MAT services.

Valley-Wide Health Systems (VWHS) experienced a 50% decrease in patient utilization in April and May 2020. Use of services has since climbed to 85% of baseline levels. Over the long term, VWHS anticipates greater demand for behavioral health services as the pandemic continues.

Figure 9. Grantee Ability to Maintain Fund-Supported Programs\*

| Ability                           | Number of Grantees | Percentage (n = 32**) |
|-----------------------------------|--------------------|-----------------------|
| No, program will not continue     | 0                  | 0%                    |
| Unclear, depends on future grants | 7                  | 21.9%                 |
| Yes, program will be maintained   | 18                 | 56.3%                 |
| Yes, program expected to grow     | 7                  | 21.9%                 |
| Total                             | 32                 | 100%                  |

\* Based on classification by CHI.

\*\* Due to the one-time nature of capital funding, CHI did not include the 12 capital grants in its assessment. Therefore, the total number displayed is 32.

## MAINTENANCE FINDING 2

Many grantees are set up for future sustainability due to reimbursement from Medicaid and other payers, partnerships in the community, and telemedicine.

In October 2020, CHI completed a sustainability assessment for the Fund. Fund staff contacted a sample of six past grantees to ask whether their programs had continued after grant funding ended and what factors contributed to this outcome. CHI found that achievement of grantees' original program outcomes was still possible after financial support from the Fund ended.<sup>15</sup>

Many Year Five grantees are following this "recipe" with an eye toward sustainability. CHI's conclusion is based on three observations:

- First, reimbursement from insurance — as opposed to reliance on grants — is central to many grantees' plans for sustainability. In general, grantees were able to bill for the services they provide. Figure 4 in the Reach section displays the top services offered by Fund-supported programs. Many of the most frequently offered services are generally reimbursable through Medicaid, such as one-on-one in-person counseling and telemedicine services. In addition, the Medicaid Accountable Care Collaborative now allows primary care providers to bill for up to six behavioral health visits in the primary care setting. Many grantees have focused on this component of their sustainability plans.

- Second, grantees leveraged partnerships with external organizations to sustain their programs — and even grow them — after grant funding from the Fund ends. The sustainability assessment found that grantees pursued strategic partnerships with entities that address people's needs beyond health care — for example, school districts and nonprofit resource centers. Partnerships contribute to the sustainability of programs by, for example, offering external expertise, pooling resources, and bringing services directly to clients.
- Third, changes in telemedicine policy and reimbursement contributed to grantee programs continuing through the pandemic. Since this was largely driven by changes in public policy, it is highlighted in the Policy section.

While CHI's evaluation identified these three themes across grantees, it is important to note that not all grantees follow this pattern. Some grantees provide services to clients for whom reimbursement is not possible — such as immigrant populations or people involved in the justice system who are ineligible for Medicaid or other public programs. This leaves the question of what other approaches exist to achieve financial sustainability for these programs.

## EVIDENCE OF MAINTENANCE

Mountain Family Health Centers (MFHC) made its grant-funded behavioral health staff positions permanent. MFHC will cover these salaries with revenue from patient fees, third-party payers, and other grants. The organization plans to expand its services to meet a greater demand for behavioral health services even prior to the COVID-19 pandemic. One area of focus for MFHC is expanding access to integrated behavioral health care in five new school-based health centers in the local school district, Roaring Fork Schools.

APDC made a transition to total telemedicine delivery of mental health services during the pandemic. Strategies that contributed to success included offering services through multiple modalities like phone and video; moving group visits — as well as individual visits — to telemedicine; adapting all procedures and paperwork to electronic/paperless formats; and increasing outreach and case management for clients. But the transition to telemedicine was not without drawbacks. APDC noted barriers such as technology challenges among elderly and refugee clients, difficulty engaging young people remotely, burnout among staff, and the increased investment of time needed to make therapeutic progress via telemedicine.

## MAINTENANCE FINDING 3

**Although grantee programs will continue, many uncertainties remain, including Medicaid funding, economic improvement, the state budget, the pandemic, and rising demand for behavioral health services.**

Despite grantees' optimism about maintaining their programs into the future, a great deal of uncertainty remains.

Grantees are anticipating more demand for behavioral health services as the pandemic continues. This means grantees will have to balance potential impacts on revenue while keeping staffing levels sufficient to meet increased demand for services.

At the same time, business closures and the economic downturn create concern that the State of Colorado will not have enough revenue to continue funding Medicaid at current levels, a key to grantee sustainability. Cuts would likely impact reimbursement rates or types of services that can receive payment.

## EVIDENCE OF MAINTENANCE

Every Child Pediatrics will continue to employ a behavioral health consultant given anticipated demand for behavioral health care due to COVID-19. What is unknown is whether the reimbursement rate for behavioral health services that Every Child Pediatrics negotiated with its Regional Accountable Entity will stay the same or drop. If the rate at least stays constant in the coming year, the organization may hire an additional provider to fill the gap left by the dissolution of a previous partnership with a community mental health center.

Health Solutions' MAT program is profitable, but its staff are concerned about potential cuts to state funding or reimbursement due to decreases in state tax revenue during the pandemic. If this happens, Health Solutions may evaluate what its current funding can support and reduce investment in programs that are unsustainable.

Northwest Colorado Health has experienced deep and likely long-lasting impacts of COVID-19 across its organization and finances. Pandemic-related expenses, including personal protective equipment, disinfectant supplies, increased demands on staff, and decreased capacity and revenue — are compounded by many other obstacles. For example, job losses are impacting patients' ability to pay for care and their insurance status. An increase in the number of uninsured individuals creates a financial challenge for this organization.



# POLICY AND COVID IN CONTEXT

## GUIDING QUESTIONS

Which policies supported grantee programs and which hindered them? This could include, for example, impacts from COVID-19 on service provision, changes in telemedicine policy, reimbursement, payment reform, changes to Medicaid or CHP+, local ordinances, or regulatory and legislative changes.

## KEY FINDINGS

- Changes to telemedicine policy — particularly reimbursement policy — contributed to grantees' financial stability and ability to offer services.
- Medicaid policies continue to be both a lifeline and a hindrance to grantees.
- Grantees benefited from economic stimulus aid, though other state and federal policies were barriers to grantees' programs.

## POLICY FINDING 1

### Changes to telemedicine policy — particularly reimbursement policy — contributed to grantees' financial stability and ability to offer services.

The rapid implementation of telemedicine among grantees is a theme throughout this report. In the wake of the COVID-19 pandemic, telemedicine represented a convenient way to continue care while keeping patients and staff safe. The technology has been a key factor in the effectiveness, adoption, and maintenance of grantees' programs.

The telemedicine revolution in the delivery of behavioral health care services was accelerated by state and federal policy changes enacted in response to the COVID-19 pandemic. Early in the pandemic, the governor signed executive orders that relaxed restrictions on the types of telemedicine services available for reimbursement, the modalities that could be reimbursed (audio-only phone calls or popular platforms like Skype, Zoom, or FaceTime), and the types of providers that could be reimbursed for telemedicine visits through Medicaid and state-regulated private insurance. The federal government made similar expansions for the Medicare program.<sup>16</sup>

In addition, Colorado's General Assembly passed and the governor signed SB20-212. It codified the ability of FQHCs, rural health clinics, and Indian Health Service clinics to be reimbursed for telemedicine visits.<sup>17</sup>

Due to these changes, telemedicine mitigated significant reductions in services due to pandemic-related restrictions and drops in demand. Recent research from CHI and the state's Office of e-Health Innovation found that behavioral health was particularly well-suited to telemedicine. The utilization of care at community mental health centers rebounded after an initial drop during the lockdown in March 2020 to exceed pre-pandemic levels.<sup>18</sup>

## EVIDENCE OF POLICY

For Axis Health System (AHS), Colorado's changes to telemedicine policy and reimbursement made a significant positive impact to its telemedicine expansion to Montezuma County and telemedicine efforts across its entire system. The policy changes allowed for providers to treat patients at home or in the office, wherever they felt most comfortable receiving care.

For La Clínica Tepeyac, changes in telemedicine policy and reimbursement supported program implementation and use as the organization continued with behavioral health services through phone or audiovisual platforms.

## POLICY FINDING 2

### Medicaid policies continue to be both a lifeline and a hindrance to grantees.

Reimbursement from health insurance — and in particular Medicaid — is a revenue source that many grantees rely on given the disproportionate share of Medicaid members they serve. Medicaid reimbursement is also key to sustaining Fund-supported programs. Grantees are leveraging a recent change in Medicaid reimbursement policy to a greater extent than they were in Year Four.

Phase Two of the Accountable Care Collaborative (ACC) — the state's effort to reform Colorado's Medicaid program, launched in 2018 — allows providers to bill Medicaid directly for up to six annual behavioral health visits provided to a member in a primary care setting. Among grantees that provide both physical and behavioral health services, revenue from these six visits are a component of sustainability plans.

Other grantees have negotiated beneficial reimbursement rates for services with the Regional Accountable Entities. These managed care organizations, established in the ACC Phase Two,

are responsible for connecting Medicaid members to behavioral health and primary care services, coordinating their care, and facilitating behavioral health services through a capitated payment from the Colorado Department of Health Care Policy and Financing.

On the other hand, some grantees still experience a variety of issues related to inadequate reimbursement and the transition to ACC Phase Two. These challenges include credentialing behavioral health providers with different Regional Accountable Entities and financial impacts felt by grantees when reimbursement rates of a community partner are not sufficient.

## EVIDENCE OF POLICY

Kids First Health Care had a longstanding contract with a community organization to provide school-based therapy services. When the ACC Phase Two launched in July 2018, the partner's Medicaid payment structure for behavioral health services decreased significantly, which resulted in an increase in Kids First's contracted rate. As a result, Kids First did not renew the contract and instead hired its own behavioral health professional to provide these services.

As a relatively new Medicaid provider, the Chanda Center for Health is navigating the policy and procedures of Medicaid reimbursement. For example, behavioral health providers must bill the Regional Accountable Entity that oversees the county where the Medicaid patient's primary care provider practices. Because many of the Chanda Center's clients travel long distances to seek its services, the organization must be contracted and credentialed with multiple Regional Accountable Entities. This leads to a significant administrative challenge of tracking where a patient's primary care provider is located, billing that Regional Accountable Entity, and dealing with claim denials based on technical issues.

## POLICY FINDING 3

**Grantees benefited from economic stimulus aid, though a variety of other state and federal policies served as barriers to grantees' programs.**

Most grantees leveraged federal economic stimulus programs such as the federal CARES Act and the Paycheck Protection Program to ease the financial strain caused by the pandemic. But some grantees were not eligible for these

programs, and others were concerned that the allocation of federal relief may result in cuts to other types of federal support, such as Medicaid, Medicare, or the safety net, in the future.

Grantees also faced a variety of state and federal policies that, in some cases, interrupted the implementation or completion of Fund-supported programs or projects. For example, some grantees were affected by public health measures to curb the spread of COVID-19. While grantees did not dispute the necessity of these measures, the orders had consequences, nonetheless. Unanticipated impacts included: a halt to construction on some capital projects; reductions in revenue due to Stay-at-Home orders; interruptions in elective dental procedures for many grantees that offer oral health services; and school closures that impacted school-based behavioral health care.

Grantees also experienced barriers due to a variety of policies not necessarily related to the COVID-19 pandemic. Some of these included juvenile justice reform, federal immigration policy, and uncertainty over the future of the Affordable Care Act.

## EVIDENCE OF POLICY

West Springs Hospital received financial relief from the CARES act, Energize Colorado, and the Help Colorado Now COVID relief grant, allowing it to remain open throughout the height of the COVID-19 lockdown.

La Cocina has been excluded from federal funding opportunities because of the ineligibility of some immigrant populations. For example, the City of Fort Collins received \$9 million from the CARES Act to help support local nonprofits. But, La Cocina couldn't tap into that money because of its unwillingness to ask clients to document their immigration status. This situation developed as changes to immigration law have caused panic in many immigrant communities, negatively impacting the mental health of community members.

The University of Denver Center for Effective Interventions (CEI) reported a decrease in the number of youth eligible for a multisystemic therapy evaluation. This decrease was largely driven by statewide juvenile justice reform that reduced the number of young people in detention, a reliable source for referrals. As a result, the CEI team has identified additional referral sources and strategies to increase enrollment into the evaluation.

# RECOMMENDATIONS

The year 2020 was a time of significant change and adaptation. The year also marked a prelude to significant change at The Denver Foundation.

The Foundation supported many pandemic relief efforts in 2020. It also partnered with CHI to undertake a process of research, exploration, and community engagement called “The New Better.” This initiative identified opportunities to reimagine and rebuild a more equitable way of life for Coloradans after the pandemic.<sup>19</sup>

Also underway is the Foundation’s development of a new strategic framework to be implemented in 2021 and 2022. The framework outlines the Foundation’s role as a leader in working with communities toward a more racially equitable Denver. The framework accompanies a Foundation-wide reorganization and realignment of its strategic activities.

2020 also marked the last round of Access to Treatment grants. All current Access to Treatment grants to behavioral health providers will be completed in 2022. The Fund’s other portfolios — safety net workforce support, public policy advocacy, and safety net innovation — will also be completed by 2022.

CHI’s Year Five recommendations are aimed at addressing three questions that can inform the rollout of the Foundation’s strategic framework:

- What can be learned from the Fund’s efforts to support organizations that serve people of color around Colorado?
- What is the story of the Fund’s lasting legacy?
- How can the Foundation’s strategic framework serve as an opportunity to cement the Fund’s legacy?

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

## PEOPLE OF COLOR

**Recommendation: Leverage the expertise and relationships the Fund and its grantees gained in communities.**

Staff of The Denver Foundation have the unique opportunity to build upon relationships fostered throughout Access to Treatment grantmaking during

implementation of the strategic framework. In fact, maintaining collaborative relationships is one of the key values identified in the framework.

Over the last seven years, the Fund has built a strong foundation of relationships in the behavioral health community, prioritizing engagement with organizations serving communities of color. The expertise gained from people working in a variety of settings across the state is a valuable resource, even with the strategic framework’s focus on metro Denver. These relationships bring new ideas and expand the Foundation’s ability to collect evidence and support existing initiatives. Connecting directly to community members of color offers opportunities to hear their stories and learn from their successes and challenges in Colorado. Community experts can serve as sounding boards, advisors, and leaders in shaping the Foundation’s philanthropic initiatives.

One important principle of community engagement is honoring the time and resources it takes for community members to provide their expertise. The Foundation has policies to support the involvement of community members, such as paying for travel expenses and providing honoraria to advisors’ organizations. Implementation of the strategic framework represents an ideal time to revisit these strategies to ensure they optimize and honor the representation of people with lived experience.

## THE FUND’S LASTING LEGACY

**Recommendation: Target strategically identified audiences with the story of the Fund’s Access to Treatment portfolio.**

Sharing the story of Access to Treatment grantmaking — the strategies, challenges, and learnings — will achieve the mutually beneficial goals of securing the Fund’s legacy while leveraging existing efforts to improve access to behavioral health care. CHI is making this recommendation — similar to a recommendation in Year Four — because developing the story of the Fund’s lasting legacy is particularly timely and important given the Fund’s support of the behavioral health safety net at such a crucial time.

(Note: Similar to the Year Four Report, this recommendation is targeted to The Denver Foundation and may not be relevant to other audiences of the evaluation report.)

Figure 10 displays potential audiences for the Access to Treatment strategy. The audiences in the rings of the diagram — The Denver Foundation, the philanthropic



**Figure 10. Strategic Audiences of the Colorado Health Access Fund**



community, the behavioral health community, and national audiences — are of particular importance given the breadth of knowledge gained this past year through Access to Treatment grantmaking.

One example: The Colorado Behavioral Health Task Force recently published its culminating report entitled “Putting People First: A Blueprint for Reform.” The Blueprint outlines key recommendations, including the consolidation of disparate programs into a single Behavioral Health Administration; implementing regional support structures to coordinate care; and implementing actions in strategic areas such as access to care, workforce, and whole-person care. Many of the Task Force’s recommendations overlap with areas targeted by the Fund and its grantees. The new Behavioral Health Administration represents a key audience with which to share insights on the following topics and questions:

**Seed funding:** What kinds of behavioral health programs are foundations uniquely positioned to help launch and support? For example, the success and sustainability of Fund-supported MAT programs represents an area for potential public/private partnership. (See profile of MAT programs on Page 32.)

**Sustainability:** What factors allow programs to be sustainable beyond the terms of their grants? How does a fund supporting the safety net balance the need for sustainability — namely through insurance reimbursement — with the fact that some Coloradans most in need of services may never be covered by insurance or public programs? Examples include people without documentation or those involved in the justice system. CHI’s Sustainability Assessment highlighted one strategy: grant funding dedicated to social needs and general operating costs puts decision-making power in the hands of the grantees.

**Telemedicine:** What will it take to maintain increased access to telemedicine once the pandemic ends? The Fund is in a “sweet spot” of supporting early efforts to establish telemedicine across the state and providing critical support, given that grantees launched telemedicine platforms before and during the pandemic. Support for telemedicine could be one of the Fund’s lasting legacies.

**Outreach and engagement:** What strategies were successful in engaging organizations that serve people of color? Rural communities? Marginalized populations? The demographic diversity of communities served by the

Fund reflects the success of the Fund staff in reaching key constituencies who are often overlooked.

**Capital grantmaking:** What makes a capital investment in behavioral health successful? The Fund's increased investment in behavioral health infrastructure illustrates the demand for this type of funding, and Fund staff are in a position to identify key success factors that could inform future projects.

## THE FOUNDATION'S STRATEGIC FRAMEWORK

**Recommendation: Use the Fund as a learning lab to inform implementation of the strategic framework.**

Key areas include:

**Upstream and downstream strategies:** The Fund is unique in supporting both upstream strategies to improve behavioral health services (public policy advocacy, workforce) and downstream direct services (access to treatment). These strategies are largely complementary and can serve as a model for other portfolios.

**Approach to learning and evaluation:** The Fund illustrated the need to complement quantitative numbers with the stories of the Fund and its grantees. The RE-AIM Plus P framework provides a helpful structure through which to convey both quantitative and qualitative evaluation methods.

**Strategic planning:** Throughout its duration, the Access to Treatment portfolio underwent a few key strategic planning activities, including an asset and gap analysis to identify areas where the Fund could expand, a Center for Effective Philanthropy assessment, and a sustainability assessment.<sup>20</sup> Each of these answered key questions that are likely to arise in other grantmaking initiatives.

**Recommendation: Use The Denver Foundation's new strategic framework as an opportunity to check in with grantees about what they will need in the difficult year(s) ahead.**

This recommendation builds on two factors expected in the year ahead. First, despite the advent of a COVID-19 vaccine, 2021 is likely to be characterized by an intense need for a social safety net, behavioral health services, and help to counter the impacts of the pandemic-triggered economic downturn. Second, the Foundation's strategic framework and reorganization outlines an innovative model that combines community engagement and business development across the organization. Implementation of the framework represents an opportunity to check in and reassess the needs of partner organizations/grantees as they continue to navigate a variety of uncertainties described in this report.



# CONCLUSION

The fifth year of the Colorado Health Access Fund's support of direct behavioral health services was unlike any other. The sheer volume of external factors — including the COVID-19 pandemic, protests addressing racial injustice, an economic downturn, a contentious election — arguably contributed to increased demand for behavioral health services.

The Fund continued to fulfill its goal of expanding access to behavioral health services for Coloradans with significant needs. This evaluation found that it provided critical financial support to behavioral health organizations across the state at a crucial time. Grantees endured many challenges related to the pandemic lockdown, staff retention, service interruption, project implementation delays, and technology adaptations — and largely

persevered. The Fund's support was among the factors contributing to the resilience of grantee organizations.

In particular, key areas of the Fund's outreach — including MAT, organizations serving rural and immigrant communities, and capital projects — were realized or even expanded in Year Five. The Fund's support of telemedicine health initiatives over the past five years, in particular, was forward-thinking given the telemedicine revolution throughout the health care system in 2020.

The confluence of The Denver Foundation's implementation of its strategic framework at the same time the Fund is winding down represents an opportunity to secure the Fund's legacy. The many learnings from Access to Treatment grantmaking provide a beacon that guide the journey toward the vision of a “new better” in Colorado's future.





# ADDRESSING BARRIERS TO CARE FOR COLORADO'S IMMIGRANTS AND REFUGEES

Nearly 10% of Coloradans are immigrants, and another 10% are U.S. citizens with at least one immigrant parent, according to 2018 data from the American Immigration Council.

But many of these hundreds of thousands of Coloradans face exceptional barriers to getting mental health care – even at a time when the stresses facing immigrants and their families have been amplified by the COVID-19 pandemic and anti-immigrant rhetoric and policies.

The Colorado Health Access Fund's (the Fund) grantees are working to bring more care – and, in some cases, different approaches to behavioral health care – to people whose mental health needs have not been served by the health care system. Here's a quick look at those grantees and their work:

- Rocky Mountain Immigrant Advocacy Network (RMIAN), based in Westminster, is implementing a behavioral health program for people being held within or recently released from a U.S. Immigration and Customs Enforcement (ICE) detention facility in Aurora.
- The Asian Pacific Development Center (APDC) has added a behavioral health clinician and community navigators to increase its services for immigrants and refugees in Greeley.
- Servicios de La Raza hired additional bilingual behavioral health staff to support metro Denver's Latinx community.
- The Denver Children's Advocacy Center hired new behavioral health providers to support immigrant and refugee families.
- La Clínica Tepeyac hired a bilingual/bicultural therapist and integrated them into the Denver-based clinic's health care team.
- La Cocina brought on new bilingual/bicultural providers to serve Latinx families in Northern Colorado.
- Valley Settlement, based in Carbondale, supported the development of the Alma program, which provides support to mothers suffering from postpartum depression.

- Every Child Pediatrics hired a bilingual behavioral health consultant to work with patients in its Aurora medical office.

These grantees have served thousands of Coloradans through a range of programs that include and expand beyond traditional therapeutic services, with a shared goal of supporting the well-being and mental health of their communities.

For instance, the Alma program pairs mothers who are struggling with depression with peers who have also experienced depression in the past and have learned tools to help.

APDC's clinician conducts parenting workshops with a local organization to raise awareness of the unique parenting challenges that can arise in immigrant and refugee families. Its new community navigators in Greeley speak Karen, Karenni, and Burmese and are part of the refugee communities APDC hopes to serve.

Social workers with RMIAN work with legal teams to complete post-release plans for people who are being detained in the ICE facility in Aurora; nearly a third of their 81 clients in the past year were transgender people being held in a newly created unit at the facility. They also worked with other organizations to raise awareness of the impact of COVID-19 on those in the detention facilities.

And La Cocina has adopted an approach informed by liberation psychology that focuses on the connection between people's socio-political experiences and mental health needs and emphasizes group therapy.

## IMMIGRATION STATUS AND HEALTH COVERAGE

In many cases, the people served by these programs are not covered by private insurance or Medicaid, or they are underinsured.

For instance, data from the Colorado Health Access Survey suggest that a growing number of Hispanic/Latinx children in Colorado are not enrolled in Medicaid although they are eligible due in part to the public charge rule, which has caused parents to worry their immigration status could be jeopardized if their children enroll in Medicaid.

This lack of coverage means external funding to support provider's salaries can be critical to ensuring access to mental health care. CHAF grant funds provided some support for indirect costs and evaluation. This allowed partners to pay for everything from office space to the technology needed to get programs established.

The Denver Children's Advocacy Center, for instance, is working with more children without documentation or from mixed-status families since it hired four bilingual therapists with support from the Fund. But the organization is concerned about sustaining the program when funding ends since its services for many of these children are not reimbursed by any insurer.

Immigration policies and practices can have other implications: La Cocina noted that it had not received any funds from the CARES Act, a COVID-19 relief package, because the organization opted to not ask patients about documentation status, and noted that they had not yet been approved by the state as a Medicaid provider.

## COVID-19 AND 2020

The burdens of 2020 have not fallen evenly on Colorado's residents. Hispanic/Latinx and Black Coloradans, including many immigrants, have been more likely to become sick and die of the virus than other Coloradans, as have Coloradans who identify as American Indian/Alaska Native; they are also more likely to have jobs or to live in areas where social distancing is less possible and are more likely to experience police violence and discrimination. All of this can affect mental health.

Grantees across the board noted that clients' economic and mental health needs increased during the pandemic — and that the pandemic exposed inequities in areas ranging from access to technology to access to health care.

COVID-19 also changed organizations' partnerships: Every Child Pediatrics' partner in integrated health care, the Aurora Mental Health Center, laid off a key behavioral health provider due to financial constraints in the wake of the pandemic.

Many grantee organizations began offering services via telehealth as the pandemic required more people to stay at home. In some cases, telehealth offered a strong way to connect with patients. In others, clients did not

have the technology necessary to take part in virtual appointments — or online offerings did not seem to have the same impact as in-person sessions. Both of these cases could be true at the same organization: APDC noted a drop in no-show rates when people received services at home, but had trouble reaching senior citizens and found that the groups it runs for youth were less engaged virtually than they had been in person.

Organizations are also concerned about the impact of the pandemic on the economy, on their communities, and on their own sustainability. While Servicios de La Raza noted that it had been receiving steady or even increased funding, other, smaller organizations had seen drops in fundraising revenue. RMIAN was unable to host an in-person gala and saw its revenue drop by half. Others are concerned that the economic downturn in the wake of the pandemic will lead to cuts to the state budget, including health spending.

## WHAT CAME BEFORE

The strains on these communities did not begin in 2020. In addition to disparities in access to care, education, and other social services, federal immigration policies have been a persistent and increasing concern in many communities.

Providers at Denver Children's Advocacy Center and Every Child Pediatrics described working with children experiencing intense anxiety as their parents underwent deportation hearings. Servicios de La Raza noted that many Latinx people in Colorado have been exposed to increasing xenophobia at work, in schools, and in the community.

At the same time, some immigrants and refugees have experienced significant traumas before they came to Colorado or after their arrival.

Grantees said that bilingual, bicultural, trauma-aware staff members were able to connect with and support people through the challenges of the year. These programs are filling an important gap: For instance, just 14% of psychologists in the U.S. are people of color, compared to 28% of the nation's population.

In 2020, more programs than ever (more than two-thirds) were focused on working with immigrants, refugees, and people of color. And programs supported by the Fund helped bring mental health services to some 23,000 Coloradans. The changes of 2020 are a reminder that these programs are all necessary and vital — but not sufficient — steps toward making sure that all Coloradans have access to the behavioral health care they need.

## COLORADO HEALTH ACCESS FUND PROFILE

# CLOSING THE MEDICATION-ASSISTED TREATMENT GAP

Substance use disorders are costly, dangerous – and common. More than 1 million Colorado adults say that they, a loved one, or a close friend has been addicted to alcohol or drugs in their lifetime, and more than 200,000 know someone who has died due to a prescription painkiller or heroin overdose, according to the Colorado Health Access Survey.

But one of the most effective approaches to managing opioid use disorders has been near-impossible to get for many Coloradans. Medication-assisted treatment (MAT) can help people manage withdrawal and reduce cravings for opioids or alcohol while they receive counseling and other social supports to address their social, economic, or psychological needs.

In many parts of the state, including some regions where opioid-related deaths are most common, there has been little or no access to MAT. In 2018, just about a quarter of Coloradans with an identified opioid use disorder had a prescription to manage that disorder, according to an analysis from CHI.

The Colorado Health Access Fund (the Fund) has supported the creation and development of six MAT programs focused on opioid use disorder and, in some cases, alcohol use disorder across Colorado. They are serving people in some of the counties that have been hardest hit by the state's opioid crisis – and two are focused on bringing treatment to people in jails, who are disproportionately people of color and who have often been excluded from efforts to address the opioid crisis in a more medical, less punitive way.

The funded programs are:

- Health Solutions, which established two MAT programs: One in Pueblo and, later, one in Trinidad.
- Caritas Clinic in Denver, which introduced a new MAT program.
- River Valley Family Health Centers, which expanded its MAT program in Montrose and Delta counties and built partnerships with local emergency departments, treatment centers, and jails.

- Denver Health & Hospitals, which expanded its MAT program in Denver County jails.
- The Health District of Northern Larimer County, which introduced a MAT program in the county jail that is now set to be continued with the support of the local government.
- Mountain Family Health Centers, which renovated and expanded behavioral health facilities in the new Basalt Integrated Health Center to increase its physical space for behavioral and substance use disorder therapies and treatment.

So far, the programs have hired more than a dozen providers, including doctors and nurse practitioners who can prescribe MAT and licensed social workers and addiction specialists to work with patients. They have built partnerships in their communities to make MAT more available to those who need it. Even with the unexpected changes brought about by the COVID-19 pandemic, they served more than 1,000 Coloradans in the Fund's most recent year – and most programs anticipate increasing their capacity as they become more established.

## STARTING UP A MEDICATION-ASSISTED TREATMENT PROGRAM

Launching an MAT program can be complicated, due to a mix of regulations, financial burdens, staffing, and stigma. Providers need a special waiver from the state to prescribe some forms of MAT. The medications themselves can be expensive. And while MAT is covered by Colorado's Medicaid program and by many insurers, new programs may not have enough patients to support providers' salaries. Caritas Clinic, River Valley Family Health Centers, and Health Solutions used grant funds to support start-up costs such as provider salaries, training, and waivers.

The MAT programs in jails face a different financial challenge. People who are incarcerated are no longer eligible for Medicaid, so treatment for those in jail is not reimbursed. Grant support covered the salaries of nurses



and therapists providing care directly to people in jails in Larimer and Denver counties, as well as data analysis and other program support.

MAT programs often have a hard time finding and keeping trained staff. Some providers and pharmacists are wary of prescribing or filling prescriptions due to stigma or concerns about being overwhelmed by demand. Health Solutions recruited and then lost two doctors to MAT programs elsewhere and noted that providers often leave Pueblo for larger Front Range cities. It is even more difficult to find health care providers in rural Las Animas County, and the nurse practitioner leading Health Solutions' program there commutes from Pueblo. The Denver Health Jail to Community program lost its clinical director, and new staff had to learn the program quickly.

Still, the grantees focused on finding supportive and qualified staff and establishing holistic programs that connected physical and behavioral health providers. And they are building programs that are meeting their communities' needs. Health Solutions' staff has recently started offering walk-in treatment so people can get help as soon as they feel ready, noting that the accessibility of its program is important: "Many patients begin and fail seven times before finally achieving long-term abstinence. It is through consistent and readily available treatment and understanding that we can guide our patients to a healthy and happy life without dangerous opioids," its staff noted in a report to the Fund.

## CARE DURING COVID

As COVID-19 arrived in Colorado, MAT programs were faced with new restrictions and regulations. MAT programs used telemedicine to connect with patients, especially to offer counseling and therapy, but virtual visits did not replace all anticipated visits. The Caritas Clinic, which was relatively new, closed for six weeks, and after it reopened, patients were slow to return. In Pueblo and Trinidad, Health Solutions' programs continued to work with patients face-to-face to prevent patients from going into withdrawal from their medication, but the number of patients they served also dropped. River Valley saw 58% fewer patients in March than expected.

Meanwhile, many people who might have been served by jail-based programs were released earlier than anticipated due to concerns about the transmission of COVID-19, which threw off programs' planned schedules for reaching patients. Both Denver Health and the Health District of Larimer County served fewer patients than they initially anticipated serving, and Denver Health noted that it was difficult to follow up with many prospective patients.

But COVID-19 is also amplifying the need for MAT programs. Caritas Clinic's staff noted in its report to the

Fund that "because substance use disorder is a disease of loneliness and despair, the COVID-19 pandemic is increasing the need for MAT services, especially for people who misuse opioids." And River Valley's staff noted that some patients who dropped out of treatment at the start of the pandemic returned to using substances.

The pandemic has also raised new questions about funding and sustainability for some grantees: Will Medicaid reimbursement change due to drops in state funding? Will funders understand why programs were unable to serve as many people as they anticipated?

## IN IT FOR THE LONG HAUL

Ideally, MAT is a long-term investment: Patients come to clinics regularly to get medication and receive support from providers and staff. And when patients leave one treatment setting, it's important that they know where else to go for support.

The MAT programs supported by the Fund have built relationships with other providers and facilities to make those transitions. In Pueblo, Health Solutions is offering treatment to people who are incarcerated and gets referrals from inpatient facilities. River Valley Health Centers has built relationships with emergency departments, jails, and inpatient treatment facilities so people know about their services. Jail-based programs have built relationships with a range of community organizations to ensure that people leaving jails have the support they need.

These relationships are helping MAT become a more established part of communities' understandings about how to improve mental health. All six programs anticipate being able to continue their work after their grants end.

In Western Colorado, River Valley staff are noting a shift in attitudes toward MAT: "Unfortunately, River Valley found resistance to the MAT program and a lack of understanding around the treatment modalities. ... But over the past year, the Western Slope has striven to foster a group of likeminded professionals working to provide services." Caritas Clinic noted that policy changes have established MAT as an accepted, non-experimental form of treatment. And the Larimer County Board of Commissioners recently voted to continue to support the Health District of Northern Larimer County's program after the Fund's financial support ends.

Long-term investment, flexibility, and patience are key, according to Health Solutions staff: "Patients in substance use treatment are in a difficult situation. Promote human kindness among the staff and patients, no matter how bad or difficult things become. Be patient. Where a client begins is not where he or she will end up." The same is true of these programs – which are quickly evolving to meet Coloradans' needs.

# COLORADO HEALTH ACCESS FUND GRANTEES ACTIVE IN YEAR 5 (2019-2020)

## **Asian Pacific Development Center**

### **Asian American, Native Hawaiian, Pacific Islander health services provider**

Grant Purpose: Support a behavioral health clinician and community navigator and an office-sharing partnership with the Immigrant and Refugee Center of Northern Colorado.

Headquarters: Denver

Grant Service Region: Northern Colorado

## **Axis Health System (Archuleta Integrated Healthcare)**

### **Integrated health care provider**

Grant Purpose: Support the hire of an Integrated Behavioral Health (IBHP) provider at Archuleta Integrated Healthcare (AIH), improving access to behavioral healthcare and increased continuity of behavioral healthcare.

Headquarters: Durango

Grant Service Region: Archuleta

## **Axis Health System (Axis Telepathy Project)**

### **Integrated health care provider**

Grant Purpose: Improve access to behavioral health services for Medicare/Medicaid patients by expanding teletherapy services in Montezuma county.

Headquarters: Durango

Grant Service Region: Montezuma

## **Caritas Clinic – Part of SCL Health**

### **Multihospital health system**

Grant Purpose: Hire behavioral health staff, provide psychiatry services and MAT.

Headquarters: Broomfield

Grant Service Region: Adams, Arapahoe, Denver, Jefferson

## **Centennial Mental Health Center**

### **Behavioral health services provider**

Grant Purpose: Co-locate behavioral health services in three rural primary care practices.

Headquarters: Sterling

Grant Service Region: Brush, Fort Morgan, Sterling

## **Chanda Plan Foundation**

### **Services provider for people with physical disabilities**

Grant Purpose: Provide behavioral health services for individuals with long-term physical disabilities.

Headquarters: Lakewood

Grant Service Region: Denver metro

## **Children's Hospital Colorado (Young Mothers Clinic)**

### **Pediatric care provider**

Grant Purpose: Support behavioral health clinicians in the Young Mothers Clinic to increase the number of behavioral therapies and sessions provided for adolescent mothers and their children.

Headquarters: Aurora

Grant Service Region: Adams, Arapahoe, Bent, Broomfield, Denver, El Paso, Larimer, Morgan, Weld

## **Children's Hospital Colorado (Colorado Springs) (Capital)**

### **Pediatric care provider**

Grant Purpose: A capital grant to support the new six room behavioral health unit in the Colorado Springs hospital.

Headquarters: Aurora

Grant Service Region: El Paso

## **Children's Hospital Colorado (Aurora Health Pavilion) (Capital)**

### **Pediatric care provider**

Grant Purpose: A capital grant to renovate the Potomac Street site to create more space for behavioral health treatment and youth outpatient services.

Headquarters: Aurora

Grant Service Region: Adams, Arapahoe, Denver metro, rural areas east of Aurora

## **Denver Children's Advocacy Center**

### **Community advocacy center**

Grant Purpose: A three-year grant to expand behavioral health capacity to support immigrant and refugee families.

Headquarters: Denver

Grant Service Region: Denver

## **Denver Health & Hospitals (Jail to Community)**

### **Integrated (Jail) behavioral health provider**

Grant Purpose: A three-year grant to expand the Jail to Community Medication Assisted Treatment (MAT) program to support behavioral health and substance use disorder in the Denver County jail.

Headquarters: Denver

Grant Service Region: Denver

## **Every Child Pediatrics**

### **Pediatric care provider**

Grant Purpose: Hire a bilingual behavioral health consultant to support the expansion of bilingual behavioral health services for low-income and Spanish-speaking families.

Headquarters: Thornton

Grant Service Region: Adams, Arapahoe, Broomfield, Denver, El Paso, Larimer, Morgan, Weld, Douglas

**Health District of Northern Larimer County (Medication Assisted Treatment in Jail)**

**Regional health services provider**

Grant Purpose: Funds used to implement comprehensive jail based MAT program offering all three MAT medications.

Headquarters: Fort Collins

Grant Service Region: Larimer

**Health District of Northern Larimer County, Children Adolescent and Young Adult Connections (CAYAC)**

**Regional health services provider**

Grant Purpose: Expand behavioral health services to children and adolescents.

Headquarters: Fort Collins

Grant Service Region: Larimer

**Health Solutions (Medication Assisted Recovery Center)**

**Behavioral health services provider**

Grant Purpose: Hire nursing and prescribing staff for the Medication Assisted Recovery Center serving people with substance use disorders.

Headquarters: Pueblo

Grant Service Region: Huerfano, Las Animas, Pueblo

**Health Solutions (Trinidad Clinic)**

**Behavioral health services provider**

Grant Purpose: Hire nursing and mental health staff to provide medication assisted treatment in Trinidad.

Headquarters: Pueblo

Grant Service Region: Las Animas (Trinidad)

**Kids First Health Care**

**School-based health care provider**

Grant Purpose: Increase behavioral health staff and services at Adams County and Kearney middle schools.

Headquarters: Commerce City

Grant Service Region: Adams

**La Clinica Tepeyac**

**Behavioral health services provider**

Grant Purpose: Expand access to behavioral health care for low-income, Latinx, Spanish-speaking immigrants.

Headquarters: Denver

Grant Service Region: Adams, Arapahoe, Denver, Jefferson

**La Cocina**

**Community mental health center**

Grant Purpose: Hire bilingual clinical staff to expand access to behavioral health care for Latinx Spanish-speaking immigrants.

Headquarters: Fort Collins

Grant Service Region: Larimer

**Mental Health Partners (Capital)**

**Behavioral health services provider**

Grant Purpose: Support Project EDGE, a team of emergency psychiatric clinicians and peer-support specialists that co-respond to emergency calls alongside law enforcement.

Headquarters: Boulder

Grant Service Region: Boulder, Broomfield

**Mesa Development Services (STRiVE) (Capital)**

**Behavioral health services provider**

Grant Purpose: Support building expansion for behavioral health services and improved access/quality care for individuals with intellectual and developmental disabilities.

Headquarters: Grand Junction

Grant Service Region: Mesa

**Metro Crisis Services**

**Behavioral health services provider**

Grant Purpose: Support the Colorado Crisis Services statewide behavioral health hotline services with a focus on a range of populations (rural outreach, teens, etc.).

Headquarters: Denver

Grant Service Region: Statewide (all counties)

**Mile High Behavioral Healthcare**

**Behavioral health and crisis services provider**

Grant Purpose: Support for one mobile therapist to provide crisis intervention, brief treatment, and other services to youth experiencing homelessness.

Headquarters: Denver

Grant Service Region: Denver

**Mountain Family Health Centers (Behavioral health services grant)**

**Behavioral health services provider**

Grant Purpose: Support behavioral health staff and services.

Headquarters: Glenwood Springs

Grant Service Region: Eagle, Garfield, Pitkin, Rio Blanco

**Mountain Family Health Centers (Basalt) (Capital)**

**Behavioral health services provider**

Grant Purpose: Capital funding for renovation and expansion of the behavioral health facilities at the Mountain Family Health Centers' new Basalt Integrated Health Center, expanding access to behavioral health services.

Headquarters: Glenwood Springs

Grant Service Region: Eagle, Garfield, Pitkin, Rio Blanco



### **Northwest Colorado Health**

#### **Behavioral health services provider**

Grant Purpose: Integrate Behavioral Health Provider into Craig and Oak Creek dental clinics.

Headquarters: Steamboat Springs

Grant Service Region: Moffat, Routt

### **Olathe Community Clinic/River Valley Family Health Centers**

#### **Community health center**

Grant Purpose: Hire clinicians with backgrounds in social work, counseling, and addiction.

Headquarters: Olathe

Grant Service Region: Delta, Montrose

### **Peak Vista Community Health Centers**

#### **Community health center**

Grant Purpose: Integrate a behavioral health provider into Peak Vista's Dental and Family Health Centers at International Circle.

Headquarters: Colorado Springs

Grant Service Region: Arapahoe, Custer, El Paso, Fremont, Jefferson, Otero, Pueblo, Teller

### **Rocky Mountain Immigrant Advocacy Network**

#### **Immigration legal services**

Grant Purpose: Support social work staffing to improve long term, post-release behavioral health support and immigration legal assistance.

Headquarters: Westminster

Grant Service Region: Statewide (all counties)

### **Servicios de La Raza**

#### **Social services organization**

Grant Purpose: Hire bilingual behavioral health staff for culturally and linguistically responsive treatment and provide counseling and substance use services for Spanish-speaking clients.

Headquarters: Denver

Grant Service Region: Adams, Arapahoe, Broomfield, Denver, El Paso, Jefferson, Weld

### **Southeast Health Group (Capital)**

#### **Behavioral health services provider**

Grant Purpose: Capital funding used to build and renovate a Regional Assessment Center in La Junta serving as a substance use unit for individuals who are intoxicated and suicidal, as well as behavioral health facilities in Eads and Springfield.

Headquarters: La Junta

Grant Service Region: Baca, Bent, Crowley, Kiowa, Otero, Prowers

### **STRIDE (Metro Community Provider Network)**

#### **Community health center**

Grant Purpose: Expand access to care to LGBTQ+, persons experiencing substance use disorder (SUD), and youth with behavioral health providers specializing in each population.

Headquarters: Denver

Grant Service Region: Denver metro

### **Summit Community Care Clinic**

#### **Community health center**

Grant Purpose: Provide intensive outpatient therapy in school-based health centers in Summit County.

Headquarters: Frisco

Grant Service Region: Summit, Lake, Grand, Park, Chaffee

### **SummitStone Health Partners (Capital)**

#### **Mental health clinic**

Grant Purpose: Build a comprehensive behavioral health clinic in Fort Collins for all ages.

Headquarters: Loveland

Grant Service Region: Larimer

### **The Center for Mental Health (Capital)**

#### **Behavioral health services provider**

Grant Purpose: Support first regional resource for crisis care in mental health and substance use disorder services.

Headquarters: Montrose

Grant Service Region: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

### **The PIC Place (Partners in Integrated Care)**

#### **Integrated care center**

Grant Purpose: Expand rural access to behavioral health through the addition of behavioral health staff.

Headquarters: Montrose

Grant Service Region: Delta, Gunnison, Montrose, Ouray, San Miguel

### **Tri-County Health Network**

#### **Health care provider network**

Grant Purpose: Support behavioral health staff and integration of teletherapy throughout Ouray county.

Headquarters: Telluride

Grant Service Region: Ouray

### **University of Denver – Center for Effective Interventions**

#### **Multisystemic therapy program for children and adolescents**

Grant Purpose: Expand the availability of Multisystemic Therapy (MST) to underserved areas in Colorado.

Headquarters: Denver

Grant Service Region: Adams, El Paso, Huerfano, Las Animas, Mesa, Park, Pueblo, Teller, Weld

### **Valley Settlement**

#### **Immigrant health and services provider**

Grant Purpose: Support development of Spanish language counseling program for postpartum Latina moms.

Headquarters: Carbondale

Grant Service Region: Eagle, Garfield, Pitkin

### **Valley-Wide Health Systems**

#### **Behavioral health services provider**

Grant Purpose: Support and expanding behavioral health staff.

Headquarters: Carbondale

Grant Service Region: Eagle, Garfield, Pitkin

### **West Springs Hospital (Capital)**

#### **Behavioral health and crisis services provider**

Grant Purpose: Capital funds used to build new West Springs Hospital – the only psychiatric hospital between Denver and Salt Lake City, expanding access from 32 to 64 beds.

Headquarters: Grand Junction

Grant Service Region: Statewide

# ENDNOTES

- <sup>1</sup> The report is based on 41 grant reports submitted by 35 organizations in 2019-20. Five organizations received more than one grant in the fifth year (Axis Health System, Children's Hospital Colorado, Health District of Northern Larimer County, Health Solutions, and Mountain Family Health Centers). Nine of the 35 grantee organizations received capital grants. This report does not reflect three additional capital grants which were not completed as planned.
- <sup>2</sup> Respondents report not getting needed mental health services at any point in the 12 months prior to the survey. CHI analysis of the Colorado Health Access Survey. (2019). <https://www.coloradohealthinstitute.org/research/CHAS>
- <sup>3</sup> Colorado Health Institute. (2020). Stretching the Safety Net. <https://www.coloradohealthinstitute.org/research/stretching-safety-net>
- <sup>4</sup> Colorado Health Institute. (2020). The Value of Telemedicine During the COVID-19 Response: Insights from Patient Care Utilization in Colorado. <https://www.coloradohealthinstitute.org/research/value-and-impact-telemedicine-during-covid-19-response>
- <sup>5</sup> Simon, N. M., Saxe, G. N., Marmar, C. R. (2020). Mental Health Disorders Related to COVID-19-Related Deaths. JAMA, 2020;324(15), 1493-1494. <https://jamanetwork.com/journals/jama/fullarticle/2771763>
- <sup>6</sup> Colorado Health Foundation. (2020). Pulse Poll: Topline Results. <https://copulsepoll.org/results>
- <sup>7</sup> Simon, N. M., Saxe, G. N., & Marmar, C. R. (2020). Mental health disorders related to COVID-19-related deaths. Jama, 324(15), 1493-1494. <https://jamanetwork.com/journals/jama/fullarticle/2771763>
- <sup>8</sup> The grantee reporting form asked about people who speak a language other than English in two different ways. Grantees reported if they aim to serve people with limited English proficiency and the number of people served whose primary language is not English. This section represents how many grantees aimed to serve people with limited English proficiency.
- <sup>9</sup> Colorado Health Access Survey. (2019). "2019 CHAS Regional Data." <https://www.coloradohealthinstitute.org/research/CHAS>
- <sup>10</sup> United States Census Bureau, American Community Survey. (2019). "ACS Demographic and Housing Estimates. 2019, 1-Year Estimates." Retrieved from <https://data.census.gov/cedsci/table?q=colorado&tid=ACSDP1Y2019.DP05&hidePreview=false>. December 2020.
- <sup>11</sup> The grantee reporting form asked about people who speak a language other than English in two different ways. Grantees reported if they aim to serve people with limited English proficiency and the number of people served whose primary language is not English. This section reflects the number of people grantees served whose primary language is not English.
- <sup>12</sup> United States Census Bureau, American Community Survey. (2019). "ACS Demographic and Housing Estimates. 2019, 1-Year Estimates." Retrieved from <https://data.census.gov/cedsci/table?q=colorado&tid=ACSDP1Y2019.DP05&hidePreview=false>. December 2020; Colorado Health Access Survey. (2019). "2019 CHAS Regional Data." <https://www.coloradohealthinstitute.org/research/CHAS>
- <sup>13</sup> Figure 4 uses the term "telebehavioral health," reflecting how the question was asked in the grantee report survey. CHI has used the term "telemedicine" in the narrative to remain consistent. See box on p. x.
- <sup>14</sup> These numbers exclude nine capital projects due to the one-time nature of these awards. They also exclude three "off cycle" grants for which the reporting period pre-dated the COVID-19 outbreak in Colorado.
- <sup>15</sup> Colorado Health Institute. (2020). Memorandum: Access to Treatment Grantee Sustainability Assessment. Oct. 5, 2020.
- <sup>16</sup> Colorado Health Institute. (2020). Telemedicine in Colorado. <https://www.coloradohealthinstitute.org/research/telemedicine-colorado>
- <sup>17</sup> Colorado General Assembly. (2020). SB20-212: Reimbursement for Telehealth Services. <https://leg.colorado.gov/bills/sb20-212>.
- <sup>18</sup> Colorado Health Institute. (2020). The Value of Telemedicine During the COVID-19 Response: Insights from Patient Care Utilization in Colorado.
- <sup>19</sup> Colorado Health Institute, The Denver Foundation. (2020). The New Better: Ethical Leadership to Guide Our Pandemic Recovery. <https://www.coloradohealthinstitute.org/research/new-better>
- <sup>20</sup> Colorado Health Access Fund of The Denver Foundation, Colorado Health Institute. (2018). A Way Forward: How Colorado's Behavioral Health Leaders Can Address Colorado's Most Pressing Needs. <https://www.denverfoundation.org/Portals/0/Uploads/Documents/2017%20CHA%20Asset%20and%20Gap%20Analysis.pdf>



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