System Overview

- The annual budget for Fiscal Year 2020-2021 is $35.2 million, which has steadily increased from the initial allocation of approximately $22 million
- Components of the BH crisis response system reflects a continuum of care from crisis response through stabilization and safe return to the community with adequate support for transitions to each stage
- Statewide telephone crisis line
- Walk-in crisis centers and crisis stabilization units
- Mobile crisis response
- Respite services
Overview Continued...

- Services available to all ages
- Self-defined crisis
- Services available regardless of ability to pay
- Mobile dispatch through the statewide hotline
- Utilization of peers / individuals with lived experience
- Trauma-informed lens
Administrative Service Organizations (ASO)

- Responsible for fiscal and data reporting

- Indirect/Administrative cost for the ASO has increased to better support shared capacity for data collection and reporting, information technology, including telehealth and community partnerships, and performance management.

- Manage performance-based payments as available

- Maintain a crisis network capable of ensuring access and continuity of all contracted services within the region(s)
The Crisis Line remains the statewide point of entry and can connect callers to a mobile crisis response, local walk-in center and other local resources, as well as initiate a H+W check or 911 / EMS. Follow-up is available depending on an individual’s risk level. Individuals do not need to call the hotline before going to a walk-in center.

- Hotline 24/7
- Support line 7am-12am
- Text 24/7
- Chat 4pm-12am
Walk-In Centers

- One walk-in required per region
- Leveraging ASO to expand network capacity rather than expanding actual brick and mortar locations
- Develop protocols to bypass referrals to a Hospital Emergency Department for “medical clearance” when an individual requires a higher level of care
- Need two staff on site at all times and at least one of those staff is a skilled professional
# Walk-In Center Locations

Most of our centers are open 24/7 unless noted otherwise** below and offer confidential, in-person crisis support, information and referrals to anyone in need. View the map to find walk-in crisis services near you.

### METRO DENVER REGION

- **Wheat Ridge Walk-In Crisis Services**
  4643 Wadsworth Blvd
  Wheat Ridge, CO 80033

- **Littleton Walk-In Crisis Services**
  8500 S. Santa Fe Drive
  Littleton, CO 80120

- **Boulder Walk-In Crisis Services**
  3180 Airport Road
  Boulder, CO 80301

- **Denver Walk-In Crisis Services**
  4353 E. Colfax Avenue
  Denver, CO 80220

- **Aurora Walk-in Crisis Services**
  Anschutz Medical Campus
  2206 Victor Street
  Aurora, CO 80045
  8am-11pm

### NORTHEAST REGION

- **Fort Collins Walk-In Crisis Services**
  1237 Riverside Ave
  Fort Collins, CO 80521

- **Greeley Walk-In Crisis Services**
  928 12th Street
  Greeley, CO 80631

### SOUTHEAST REGION

- **Pueblo Walk-In Crisis Services**
  1310 Chinook Lane
  Pueblo, CO 81001

- **Colorado Springs Walk-In Crisis Services**
  115 S Parkside Drive
  Colorado Springs, CO 80901

### WESTERN SLOPE REGION

- **Montrose Walk-In Crisis Services**
  300 N. Cascade Avenue
  Montrose, CO 81401
Mobile Crisis Response

• Paired mobile response dependent on risk factors such as responding to a client at home
• Prioritize community response (non-ED, non-facility)
• Follow up within one day for those individuals that did not go to a higher level of care (by ASO or provider)
• Hotline is contracted with a training organization to establish a triage protocol for mobile response that dictates whether mobile is dispatched or not as well as other safety and practice protocols
• Request for mobile services must be accepted from law enforcement and child welfare, unless exigent circumstances exist
Stabilization Units + Respite

Bed-based crisis stabilization services

- **CSU:**
  - 1-5 days community based; voluntary or involuntary; psychiatric prescriber; clinical staff; case managers; peers

- **Respite:**
  - Facility or in-home support; lowest acuity; voluntary; often peer-managed; some clinical services – varies upon location
Historical Utilization Data
New Utilization Data
New Outcomes Data

Crisis Services Outcomes
- Safety planning with discharge: 46.1%
- Referral to outpatient behavioral health: 17.2%
- Other: 13.4%
- Admission to psychiatric hospital: 11.1%
- ATU: 8.3%
- Detox: 2.0%
- Walk-In Center: 1.4%
- Respite/Residential: 1.3%
- CSU: 0.6%

Crisis Line Outcomes
- No Additional Service (Needs Met): 7.6%
- Non-Urgent Referral: 55.1%
- Emergent Referral: 9.4%

Crisis Services Follow Up
- 5,375 Follow Services Scheduled
- Follow Up Contact Made: 39.6%
- Follow Up Scheduled: 60.4%

Data Source: OBH Monthly Aggregate Reporting
Caller Location

Known Caller Location by County
July 2019 - July 2020

Top 10 Rural / Frontier Counties
Highest Caller Volume

County Type
July 2019 - July 2020

*Known caller location represents clients who voluntarily provided county demographics when seeking services. Clients are not required to provide county demographics and may remain anonymous. This data is not reflective of all services provided.
Vision for the Future

- Greater emphasis on mobile response
- Building out telemedicine capacity in difficult to serve regions, leveraging existing resources by equipping with a tele-device to connect to a licensed practitioner
- Increased emphasis on care coordination and follow-up after Mobile and WIC visits, including quicker and more frequent follow-up, coordinating with community resources and family/trusted individuals, standardized risk assessments and safety planning
Growing Crisis in Rural/Ag Communities

• A recent study from the CDC found that rural counties in the U.S. had the highest rates of suicide in the country and that farmers are among the most likely to die by suicide compared with other occupations.

• In the last 5 years, net income for farmers has dropped by more than 50% (USDA)

• Circumstances like weather, trade and market prices are uncontrollable

• A strong majority of farmers and farmworkers say financial issues, farm or business problems and fear of losing the farm impact farmers’ mental health (AFB)
Lack of Rural Resources Requires Collaboration

• One provider per 6,000 rural residents

• 11 counties in Colorado have no hospital at all

• Support and partnership through private donors, ag stakeholders and agencies like CDHS is helping us reach those in remote areas in culturally effective ways
New Rural Mental Health Outreach Campaign

GET FREE, CONFIDENTIAL, 24/7 SUPPORT

REACH OUT

COLORADO CRISIS SERVICES

OBTENGA AYUDA GRATUITA Y CONFIDENCIAL, 24/7

CONTÁCTENOS

COLORADO CRISIS SERVICES
New Rural Mental Health Outreach Campaign

"I was supposed to be a rock, but inside I was crumbling."

When I reached out, I was seconds away from ending my life. Financially, things on our ranch were falling apart—and I felt like a failure. I didn't want my problems to burden anyone else, so I buried them inside. And that's what almost killed me. Thankfully, I picked up my phone and called Colorado Crisis Services. I was able to finally get out everything I'd been holding inside, and I realized that trying to be a rock of strength for everyone else had actually caused me to start crumbling inside.

No matter what you're going through, you don't have to go through it alone.

"Quería ser fuerte como una roca, pero me estaba desmoronando por dentro."

Cuando busqué ayuda, estaba a punto de terminar con mi vida. Financieramente, las cosas en el rancho estaban imposibles, me sentí fracasado. No quería que mis problemas fueran una carga para los demás, así que me los tragué. Y eso fue lo que casi me trajo a mí. Afortunadamente, levanté mi teléfono y llamé a los Servicios de Crisis de Colorado. Por fin alguien dijo que yo había estado guardando, y entendí que tratar de ser fuerte como una roca para los demás solo había hecho que comenzara a desmoronarme por dentro.

Lo que sea que estés pasando, no tiene que pasarte solo.
Rusty’s Story
GENERAL MESSAGING

“I was afraid of what my family would think.”

“My farm was underwater, and I was drowning.”

“I just needed someone who would listen.”
YOUTH CAMPAIGN

EVERYTHING IS EASIER
when I’m numb.

Text TALK to 38255
a personal, confidential
text support line

I’M CONFIDENT
I’ll never be good enough.

Text TALK to 38255
a personal, confidential
text support line

I’M IN LOVE
with someone who hurts me.

Text TALK to 38255
a personal, confidential
text support line
Contact Information

Mary Hoefler-Office of Behavioral Health
mary.hoefler@state.co.us

Mary Peck-Co Department of Agriculture
mary.peck@state.co.us