



Behavioral Health Ombudsman of Colorado

ANNUAL REPORT FY 2020-2021

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TABLE OF CONTENTS

Office of the Behavioral Health Ombudsman of Colorado

- Mission
- Values
- History

2020-2021 Highlights

- Overview
- Case Examples

2021-2022 Goals and Priorities

Conclusion

INTRODUCTION: ABOUT BHOCO

Mission

The Behavioral Health Ombudsman of Colorado (BhoCO) works to improve mental health and substance use care coverage and access in Colorado by investigating concerns and complaints, gathering data, delivering recommendations for reform, and helping those who are seeking care or providing care navigate complicated systems.

Values

Independent - BhoCO operates independently from Colorado's governmental agencies, insurance carriers, and behavioral health providers. We serve the people of Colorado.

Neutral - BhoCO acts as an impartial receiver of concerns, complaints and data, and has a statutory mandate to maintain transparency and report on our work to the public.

Confidential - BhoCO does not disclose identifying information without permission unless it is necessary to address imminent risk of serious harm.

Inclusive - BhoCO believes that this office needs to be available to all residents of Colorado regardless of insurance coverage. We seek to be a safe and accessible space for persons of any ability or identity.

“The Behavioral Health Ombudsman operates independently from Colorado's governmental agencies, insurance carriers, and behavioral health providers. We serve the people of Colorado.”

History

Access to adequate and appropriate behavioral health coverage is critical to ensuring Coloradans receive the preventative and treatment services they need. In many situations, Coloradans who are seeking care do not have the resources and supports in place to spend hours trying to resolve covered health plan benefits and reimbursement methodologies. Additionally, many people are unaware of their rights to parity in coverage.

The Office of the Behavioral Health Ombudsman Office of Colorado (BhoCO) was established by Colorado House Bill 18-1357 and House Bill 19-1269, and as amended in SB 21-137, to work with community based organizations, state agencies, and providers to better serve the behavioral health community, and to educate consumers of their rights to insurance coverage and help them navigate the insurance system. The role of the Ombudsman office, as defined by statute, is to:

- Interact with consumers and health care providers with concerns or complaints to help resolve behavioral health care access and coverage and coverage issues.
- Identify, track and report to the appropriate regulatory or oversight agency concerns, complaints and potential violations of state or federal rules, regulations or statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions or substance use disorders, including potential violations related to quantitative and non-quantitative treatment limitations.
- Receive and assist consumers and providers in reporting concerns and filing complaints with appropriate regulatory or oversight agencies relating to inappropriate care, an emergency procedure under section 27-65-105, a certification for short-term treatment under section 27-65-107, or a certification for long-term care and treatment under section 27-65-109.
- Provide appropriate information to help consumers obtain behavioral health care.
- Develop appropriate points of contact for referrals to other state and federal agencies.
- Provide appropriate information to help consumers or health care providers file appeals or complaints with the appropriate entities, including insurers and other state and federal agencies.

2020-2021 HIGHLIGHTS

Overview

In the midst of a worldwide pandemic, a presidential election year, protests, concerns over climate change, and so much more, 2020 was a year that greatly affected the wellbeing of Coloradans. The behavioral health system was heavily affected by covid and many Coloradans were left struggling to find appropriate care or support. From people being released to homelessness while trying to stay safe from a potentially deadly virus to facilities navigating how to protect their employees and patients without closing themselves to those in crisis, the pandemic has made health an incredibly complicated pursuit. The office also had to adjust to the new realities covid had created, including staff shortages. However, the office has received lots of positive feedback that encourages the continuing commitment to serving and supporting Coloradans however we can.

The work of the ombudsman office has been recognized within the behavioral health community to the extent that state and local agencies/offices, provider groups, and Medicaid Regional Accountable Entities have requested the office's assistance on particularly challenging cases. Some of these groups have said the following of the work the office has done:

"Amazing help you provide our most vulnerable members"

"You have a magic wand and can make miracles happen"

And families have said, of the assistance the office has provided:

"We have never had that kind of support before"

"I feel like I can breathe because you are working on this case"

“If it weren’t for your help who knows what would have happened to my daughter”

“I’ve been working on this for so long and talking to you is the first time I’ve felt like someone really listened and cared.”

“We’ve never had that kind of support before.”

The office primarily focused on the following areas in 2020-2021:

Continuing development of best practices, policies, and procedures

In February of 2021 the office created an interim report outlining potential funding strategies and assessing long term needs, as well as addressing immediate needs for the office, thanks to funding from The Office of Community Partnerships within The Department of Human Services.

That report can be viewed here: [BhoCo Interim Report](#)

As a result of these efforts the office was able to:

- Secure DocuSign and finalize auto fill ROI forms for consumers and providers
- Relaunch of our website on the new state Drupal 8 platform
- Seeking and securing additional legal counsel input regarding future operations of the office
- Initiate review and updates of our case intake system
- Assess sustainability needs of the office, such as necessary levels of staff support and funding needs

Developing relationships to better serve consumers

As the office interacts with more consumers and more unique experiences and needs, we continue to work on building relationships within the behavioral health system to best bridge gaps that may arise. From connecting with state agencies on systemic concerns to working with care coordinators and providers to problem solve

complicated cases, our relationships within the behavioral health system are essential to effectively serve Coloradans.

Assisting individuals, families, and providers

The pandemic has impacted people seeking behavioral health support due to significant loss among communities, families, and individuals. Loss of income, housing, lives of loved ones, has contributed to significant need while also illuminating how limited resources are. People are desperate for support and the office has been able to connect many people with supports they would have had not known of otherwise due to team efforts among the ombudsman office, care coordination teams, and others within the behavioral health system.

Identifying and reporting access, parity, coverage and other systemic issues within the state's behavioral health system

CASE EXAMPLES

The cases the office takes on are often complicated and often involve continuing long term support. Many of the people who contact the office are not in situations that can be solved with one action, and require multifaceted approaches and facilitation of many stakeholders to achieve sustainable outcomes.

CASE EXAMPLE 1:

A family was attempting to secure ongoing, long-term care for their child who was about to be discharged, following a denial of services, from a residential care facility with little to no follow-up services in place.

This family was overwhelmed, and unaware of the role that the state's Medicaid RAEs have in care coordination. The ombudsman office assisted this family in connecting with the RAE, and requested a series of care coordination calls to discuss next steps. Over the next weeks and months, these care calls included, at times,

more than *fifty participants*. Participants included care providers, insurers, case managers, state agencies, county agencies, attorneys and others.

It was clear in this case, and for most of the cases the office takes on, for those under both Medicaid and private state or federally regulated insurance plans, that there are many dedicated team members active on any one case. However, each of these participants was typically limited by silos based on funding sources, regulatory powers, or provided services.

CASE EXAMPLE 2:

An example of a long term case includes a parent of an adult child who is involved in many systems of care. The consumer, the adult child, needs support involving mental health and substance use services, recovering from the impacts criminal justice involvement, supports for employment and housing, and more. The office was (and continues to be) able to ensure different involved entities are providing whatever is available to ease the burden on the consumer's parent. The parent spends a significant amount of their time trying to find and access appropriate services, and often there are things that those involved with care coordination can take on themselves.

One example in this situation was the need for the consumer to have social interactions, as that has become increasingly difficult with covid but incredibly necessary for many who are working on their wellness and recovery. The office brought up the possibility of peer support services for the individual, which had not yet been offered. This is one of many examples of ideas and asks the office can encourage providers and care coordinators to take advantage of and provide support to the consumer in accessing.

The ombudsman can remain a continuous support so that the parent, advocating for their adult child, is not left starting from scratch every time the entities involved change or different supports and services are needed.

The ombudsman office has the unique role of being able to help families navigate this tangled web of care as a neutral entity. The office does not provide behavioral health services, and does not regulate nor fund them. This allows an objective assessment of where gaps exist, and the ability to clearly convey these gaps to all parties, including families and services providers. The office's ability, as set by statute, to exist outside of existing silos has been key to providing families, providers, and others with vital information and potential steps available to them.

2021-2022 LOOKING AHEAD

Creating a sustainable staff and budget system

With the recent new funding for the office from Senate Bill 21-137 there is the opportunity to add additional resources to the office. Additional resources will allow the office to more effectively and efficiently manage the current caseload, as well as gives the ombudsman more availability to attend to administrative needs and community and resource building opportunities. This will also create more capacity to seek additional funding through gifts, grants, and donations (as outlined in SB 21-137) to further build the office and its ability to address and help resolve issues relevant to the office.

Creating solutions for the nexus between behavioral health and covid

The last year and half has presented the behavioral health systems of care with new, complicated, and ever changing concerns. As our systems of care adapt and change to meet the needs of more people with more nuanced needs, the ombudsman office will work to help find creative solutions that support Coloradans where they are at. These are difficult times, and people are experiencing needs that touch many, if not all, systems of care. Coloradans are losing their jobs, their homes, their loved ones, and accessing supports for their mental wellbeing is often difficult and requires more energy and time than most have to expend. By helping connect these points of care, and finding ways to navigate complicated systems that are constantly responding to new challenges from covid, the office can be a bridge.

Helping identify where to focus resources for the most impact

The behavioral health system of care in Colorado has been evolving to meet the needs of Coloradans since long before covid, and working to ensure that the Coloradans with the least amount of support and access to care is central to evolving these systems in an equitable and transformative way. Many of the people who call the office seeking

support have been pigeonholed into narrow categories that have limited their ability to find appropriate care that is truly supportive. The office can help gather information on what communities are potentially being overlooked, so that decision makers can adjust systemic endeavors to fit their needs as the system continues to evolve. This allows Colorado to have a greater impact and reach in addressing the wellbeing and access to recovery for all Coloradans.

Bringing peers and providers to the table

As the office grows its capacity to address individual consumer needs, the ombudsman will have more ability to work on systemic issues. In addressing systemic issues the ombudsman can utilize the expertise of those working within systems of care, as well as those who have experience receiving care from those systems. Staying connected to those voices is essential to finding solutions that truly work, both for those providing services and those receiving services. Often, high level conversations about necessary changes to systems of care miss out on the wealth of expertise that lived experience offers. There are many opportunities to connect with those stakeholders that will be more accessible with increased funding and staff. This also presents the opportunity to learn how covid has added nuance and urgency to potential systemic issues, and the best resources for how covid is affecting communities and workers is by engaging those communities and workers.

Preparing for the new Behavioral Health Administration

As the state prepares to introduce the BHA, created by House Bill 21-1097, in 2022, the ombudsman office will work to prepare for how the ombudsman office will interact with and maintain independence from that administration to ensure we are providing effective and neutral support to Coloradans. This new administration offers the opportunity to address many of the systemic challenges Coloradans currently face in accessing quality, timely, appropriate care that operates with regard to parity. The ombudsman office will be more necessary than ever to ensure this transition does not miss Coloradans with unique or high level needs in the midst of creating a better systems of care.

CONCLUSION

2020-2021 has been an adjustment period for everyone. From individuals to state systems, we have all had to change how we approach our lives, our needs, and our futures. The Office of the Behavioral Health Ombudsman of Colorado aims to continue being a resource for Coloradans stuck in their journeys to accessing behavioral health support, whether that be immediate access concerns, systemic challenges, or support addressing quality issues within the services they received. The recent legislation that has provided the office with additional funding has created new opportunities to further support Coloradans in their behavioral health journeys. As we work toward a better future for Coloradans with behavioral health needs, the ombudsman office looks forward to increasing our impact and reach.