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Appendix 1: Alphabetized Acronyms

ACS: American Community Survey (US Census)
AIM: Analytics and Insights Matter
APG: Arrow Performance Group
BHA: Colorado Behavioral Health Administration
BHNA: Behavioral Health Needs Assessment
BRFSS: Behavioral Risk Factor Surveillance System
CHAS: Colorado Health Access Survey
CHI: Colorado Health Institute
DDPHE: Denver Department of Public Health and Environment
DHS: Department of Human Services
HCPF: Health Care Policy and Finance
JDCHA: Joint Denver Community Health Assessment
LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer,
MMWR: Morbidity and Mortality Weekly Reports
NSDUH: National Survey on Drug Use and Health
RAE: Regional Accountable Entities
RFP: Request for Proposal
RTD: Regional Transportation District
SAMHSA: Substance Abuse and Mental Health Services Administration
SEOW: State Epidemiological Outcome Workgroup
Appendix 2: End Notes


Appendix 3: Methods Details

Literature Review

Relevant literature, reports and related sources for gathered by review of the material sent to the project team by DDPHE team members, review of the data sources in the original project RFP, searching for relevant data from the internet by using mental health and behavioral need data and other similar search phrases, search through NIMH and SAMHSA websites, and reviewing recent NSDUH data. Although there are many national and state government agencies that have information about behavioral health needs assessments (including the prevalence of behavioral health conditions and surveys of relevant populations on their behavioral health and access to behavioral health services), there is a relative dearth of peer-reviewed journal articles directly related to behavioral health needs assessment projects.

Interviews

The purpose of the interviews was to gather information to assess the capacity and capability of Denver mental health and substance use service providers as well as collect information about each organization to complete provider profiles. Interviews were also conducted with Denver-based advocacy organizations to gain systems-level perspectives on the current state of mental health and substance use services in Denver.

1. **Identifying Organizations**: Interviews were conducted with 13 Denver organizations identified by DDPHE representing large and small service providers and advocacy organizations. Organizations that serve communities most affected by the pandemic (LGBTQ+, Hispanic/Latino, Asian Pacific Islander, and Native American) were included in the process. A total of 21 interviews were conducted. Six organizations (Denver Health, Well Power, Asian Pacific Development Center, Mile High Behavioral Healthcare, Mental Health Colorado, Denver Indian Health and Family Services) received two to three interviews. Interviews engaged staff at different levels including managers, therapists, pharmacists, directors, and counselors. Interviews with five organizations included other staff members. This allowed the team to collect feedback from 2 to 5 people in a single interview. The total of 34 people were interviewed.

2. **Interview Format**: Each interview was a 60-minute virtual discussion. Interview scripts ensured a uniform process. Each interview was conducted by two facilitators, one leading the discussion and the second facilitator tracking time and taking notes. Project interns served as note takers and transcribed recordings. Interviews were recorded with participants’ permission via Zoom. A question and notes template ensured consistent data collection.

3. **Provider Profiles and Resource Inventory**: The information gathered in provider profiles was informed by local and national environmental scans to create a list of provider information categories. These categories were reviewed and refined with DDPHE to include relevant information on locations, hours, contacts, number of people served, client demographics, and services provided. Project interns collected information on each organization via web sources, through interview responses, and through follow-up emails with organizational contacts. The information gathered in the provider profiles was used to create a baseline resource.
inventory. It should be noted that multiple organizations were unable to provide the data requested either for lack of response or because they did not collect that information internally. The gaps in data are indicated on the resource inventory.

4. **Question Development**: Interview questions consisted of two parts – quantitative Likert or scaled questions for each topic and open-ended qualitative questions to build on quantitative responses. The provider interview questions covered the topics of capacity and capability, adequacy/ability to deliver services, workforce limitations, and recommendations. Additional questions were added to understand if COVID and how the overdose epidemic affected providers’ service delivery. A question to gauge providers ability to provide culturally and linguistically appropriate services was also included given findings from the DDPHE Anti-Stigma Campaign project[^3]. A list of interview questions can be found in Appendix 3 of this report.

5. **Participant Engagement**: Leveraging partnerships established during the Anti-Stigma Campaign project[^3] as well as DDPHE’s connections, the team reached out to engage or re-engage contacts. Interviewees were provided a draft copy of their organization’s provider profile and interview questions prior to the interview. The provider profile was reviewed at the beginning of each interview to confirm or correct the information gathered and collect missing information. The team had challenges scheduling interviews with some organizations and was unable to schedule an interview with anyone from Rocky Mountain Crisis Partners who was engaged in launching the crisis hotline at the time.

6. **Analysis**: Thematic template analysis (Brooks J, 2014 – see Appendix 6) was applied to understand the views, opinions, knowledge, and experiences of interview participants. The design and approach of this analysis included modifications to allow for pandemic related challenges. Interview data consisted of the notes template, audio and video recordings, and session transcripts. Using the interview data, three team members independently identified, and categorized topics that emerged for each interview and entered it into an analysis template. The team came together to review and cross reference identified themes to ensure agreement and identify overarching themes that emerged across all interviews. Over several sessions, the team then worked to understand and organize the emerging themes into larger groupings. The team tallied responses and finalized counts for each of the identified topic themes. The top 3 themes for each question posed during the interviews are presented in the findings.

**Focus Groups**

The purpose of the focus groups was to assess the needs across the service continuum for community groups with mental health and substance use issues and to understand the impacts of COVID.

1. **Identification of Community Groups**: Based on information from the literature review, data about the impacts of COVID, and guidance from DDPHE, the ten groups listed below were identified. Each focus group consisted of up to 12 participants for a total of 95 participants.
   - Youth 18-24
   - Essential workers
• Individuals with pre-existing mental health or substance use conditions prior to the COVID pandemic
• People with mental health conditions
• LGBTQ+
• Service providers
• Hispanic/Latino Spanish speakers
• People of color
• Youth 17 and under
• Unpaid caregivers and parents

2. **Focus Group Format:** Each focus group was a 60-minute virtual discussion with up to 12 participants. Focus groups were initially intended to be a mix of virtual and in-person sessions. Several attempts were made to coordinate in-person sessions with partner organizations. Partners were candid about their heavy workloads and their inability to assist with in-person focus groups at their locations. Focus groups were conducted by two facilitators, one leading the discussion with the second facilitator keeping track of time and taking notes. Project interns served as note takers and transcribed recordings using a secure online transcription service. Focus groups were recorded with participants’ permission via Zoom. A question and notes template ensured consistent data collection.

3. **Question Development:** Focus group questions consisted of two parts – quantitative questions for each topic area and open-ended qualitative questions to build on quantitative responses. Applying lessons learned from an ongoing DDPHE Anti-Stigma Campaign project, focus group participants responded to yes or no questions instead of Likert scales questions to both make responses easier for participants to respond to and to maintain anonymity. Questions addressed the topics or needed services, access to services, barriers to service, and recommendations. A list of focus group questions can be found in Appendix 4 of this report.

4. **Participant Engagement:** Working with partners from the DDPHE Anti-Stigma Campaign project, reengaging with Anti-Stigma Campaign project focus group participants, and leveraging DDPHE’s connections, the team was able to cast a wide net to recruit people for the focus groups. Participants were required to live or work in Denver. After registering, participants were sent an email confirmation followed by a calendar invitation with a Zoom link. Employing lessons learned during the Anti-Stigma Campaign project, registered participants could only access the meeting with the name and email provided on the registration. Participants had the option of interacting verbally, via chat, or Google Jamboards. Jamboards allowed the team to collect and organize information in real time during the focus groups.

5. **Analysis:** Thematic template analysis (Brooks J, 2014) was applied to understand the views, opinions, knowledge, and experiences of focus group participants. As with the interviews, this included modifications to allow for pandemic related challenges. Consistent with the interview data, focus group data included the notes template, audio and video recordings, session transcripts and JamBoard notes. Each focus group had at minimum three project team members. Using the focus group data, each team member that participated in a particular focus group independently identified and categorized topics that emerged for each focus group and entered it into an analysis template, the cumulative response spreadsheet. This process was repeated for each of the focus groups. Once each team member entered their observations into
the cumulative response spreadsheet, the team reviewed, and cross reference identified themes to ensure agreement in a working session and identified overarching themes that emerged across all focus groups. Over several sessions, the team worked to understand and organize the emerging themes into larger groupings. The team tallied responses and finalized counts for each of the identified topic themes. The top 3 themes for each question posed during the focus group sessions are presented in the findings.

Surveys

The quantitative survey objectives were to:

- Assess preference levels for desired behavioral health services that people seek
- Determine the effort, duration, and success in finding services for people looking for behavioral health services
- Explore the types and size of barriers encountered while seeking behavioral health services
- Quantify the impact that COVID19 had in people’s mental health and ability to find behavioral health services
- Prioritize behavioral service barriers to fix most urgently
- Obtain relevant demographic and group membership information from respondents to enable testing for significant differences in key out comes by group membership

1. Survey Design: Draft survey questions were created based on the survey objectives, from ideas generated while reviewing the background and literature, from themes generated during focus groups and from other related behavioral health surveys. Draft survey questions were reviewed with DDPHE for feedback and refinement. The survey was programmed into an online platform and was pilot tested on several people not affiliated with the project that generated feedback for additional refinements before beginning to distribute the survey to a wider audience.

2. Sample Size: The original plan was to obtain about 400 completed surveys from people living in Denver who sought behavioral health services within the past 12 months. This number of surveys would allow for adequate power to detect mean differences in outcome metrics between major subgroups while also providing adequate oversampling and reasonable confidence intervals when making point estimates within a variety of groups. During detailed survey design and updated sample planning there was a desire to potentially breakdown survey findings into additional subgroups, such as people looking for behavioral health services for themselves vs looking for another person, and the age category of the other person being helped. For these reasons the desired number of completed surveys was increased to 500 or more.

3. Respondent Recruiting: There were three primary methods for recruiting people to complete a survey.

- Sample Provider – An online survey sample provider (i.e., Alchemer) was contracted to obtained completed surveys for this project. A part of Alchemer’s business is maintaining a business relationship with millions of people in the United States (including thousands of people living in Denver) who make up their “panel” of diverse participants who complete online and telephone surveys in exchange for a modest financial incentive for each survey they complete. This is a cost-effective way to obtain completed surveys for this project.
Focus Group Participants – Focus group participants for the current project were asked if they would be interested in taking a follow-up survey regarding their experiences looking for behavioral health services in Denver. Most focus group participants volunteered to provide their email address and were sent an email invitation to complete the survey.

Denver Service Provider and Advocacy Organizations – Sample provider and focus group survey completions were supplemented by collaborating with behavioral health service provider and advocacy organizations in Denver to help recruit people to complete surveys online and in-person at planned events. Email invitation respondents were offered a $5 online redeemable Amazon gift card. Locally redeemable gift cards worth $15 (standard incentive) to $30 (for harder to reach people) were used when gathering in-person surveys when recruiting through these organizations.

4. Demographics: Using data available from Denver government agencies, the US Census and other online sources, demographic profiles of people living in Denver were established to use as a reference when recruiting survey participants. This US census reference information and sample demographics can be examined in Appendix 8a of this report.

5. Behavioral Health Conditions: For the purposes of the BHNA Project, below are the options on the survey that respondents could choose from when self-selecting into one of the five behavioral health conditions for which they were seeking services. Similar statements were used when respondents described the type of services sought by the person they were assisting:
   - Non-Serious Mental Health Condition – “Help for my general mental health condition like mild depression or anxiety.”
   - Substance Use – “Help for my substance use issues (alcohol or other drugs) which has caused problems with my health or my responsibilities at work, school, or home.”
   - Serious Mental Health Condition – “Help for my mental health condition like schizophrenia, bipolar disorder or major depression that has interfered or limited major parts of my life.”
   - Suicide – “Help for my thoughts, plans or actions about harming or killing myself.”
   - Substance Use and Mental Health Condition – “Help for my substance use issues (alcohol or other drugs), and my mental health condition which have caused problems with my health or my responsibilities at work, school, or home.”

6. Oversampling: Oversampling of historically underrepresented populations and groups disproportionately impacted by behavioral health conditions and challenging service access was used. The plan included an oversampling of people in the following groups.
   - People who are homeless or who have unstable housing
   - People of color, including people who identify as Black or African American
   - People from the LGBTQ+ community
Data Collection Challenges

The project team ran into a variety of data collection challenges over the course of the project. Below is a list of data collection points throughout the project and the obstacles encountered.

Provider Profiles – The project team completed provider profiles using public information found on websites and attempted to fill in the blanks during provider interviews. When the project team spoke with providers, they often mentioned their high workloads and burnout. Often, providers said they did not have information requested. They either pointed us in the right direction (via email) or informed us that their organization did not track the data that DDPHE was looking for - such as workforce diversity).

Existing Behavioral Health Services Data – Through their professional networks, project team members reached out to contacts at multiple State organizations months before behavioral health service data were needed to conclude the project. Weeks and months often went by with no response from agency contacts. Some agencies responded by acknowledging they had the data being requested but were not currently able to share it with us. A person was added to the team towards the end of the project who was dedicated to obtaining the needed data. Only through sustained efforts using formal and informal data request methods for several weeks were relevant data ultimately acquired.

In-Person Focus Groups - During the Denver Anti-Stigma Campaign, the project team found that in-person focus groups hosted by a trusted provider organization led to very high-quality data. For the needs assessment, the project team reached out to those same provider organizations to host a focus group. Provider referenced high-workload and burnout as reasons they were unable to do so. This resulted in all focus groups being conducted virtually.

In-Person Survey Canvassing - During the Denver Anti-Stigma Campaign, the project team found that surveys completed on-site at a behavioral health service provider led to high-quality survey data. For the current project, the team members reached out to multiple provider organizations to host interns for survey collection. Some organizations were able to accommodate survey canvassing, but some were not. Providers referenced high-workload and burnout as reasons they were unable to do so which impacted our goal of collecting 100 in-person surveys.
Behavioral Health Service Gap

The values in Figures 2 and 5 were derived as follows:

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>191,384</td>
<td>&quot;Complete Mental Health Service Need&quot;: Number of people with a mental health condition in Denver (Denver population of 711,463 multiplied by 26.9% with a mental health condition)</td>
</tr>
<tr>
<td>84,664</td>
<td>&quot;Complete Substance Use Service Need&quot;: Number of people with a substance use condition in Denver (Denver population of 711,463 multiplied by 11.9% with a substance use condition (CHAS brief)</td>
</tr>
<tr>
<td>32,727</td>
<td>Number of people in Colorado that have co-occurring MH and SUD (SEOW reference 4.6% for Colorado)</td>
</tr>
<tr>
<td>243,320</td>
<td>&quot;Complete Service Need&quot; (combining last 3 rows of data)</td>
</tr>
<tr>
<td>39%</td>
<td>Percent of people with SUD who also have MH condition</td>
</tr>
<tr>
<td>34%</td>
<td>Percent Denver population with a MH or SUD (given population of 711,463): &quot;Complete Service Need&quot;</td>
</tr>
<tr>
<td>110,181</td>
<td>Number of people in Denver with a mental health service need and not getting mental health services (2021 CHAS report)</td>
</tr>
<tr>
<td>11,648</td>
<td>Number of people in Denver with a substance use service need and not getting substance use services (2021 CHAS report)</td>
</tr>
<tr>
<td>39%</td>
<td>Estimated percent overlap in people not getting needed substance use services who sought and did not get mental health services. This estimate comes from the SEOW reference noted above</td>
</tr>
<tr>
<td>117,326</td>
<td>&quot;Complete Need Gap&quot; (Number of people in Denver needing behavioral health services and not getting them [combining last 3 rows of data])</td>
</tr>
<tr>
<td>48%</td>
<td>&quot;Complete Need Gap Percent&quot;</td>
</tr>
<tr>
<td>125,994</td>
<td>&quot;Getting Behavioral Health Services&quot; (Number of people receiving behavioral health services in Denver [&quot;Complete Service Need&quot; minus &quot;Complete Need Gap&quot;])</td>
</tr>
<tr>
<td>213,549</td>
<td>&quot;Service Seeker Need&quot; (59% &quot;found&quot; service in current project = 126,000 estimated getting services already found via NSDUH/SEOW noted above. So, to get service seeker need &quot;gap&quot;, divide 126,000 by .59 ~214,000 )</td>
</tr>
<tr>
<td>87,555</td>
<td>&quot;Seeker Gap&quot; (This equals Service Seeker Needs&quot; (214,000) minus &quot;Getting Behavioral Health Services&quot; (126,000)</td>
</tr>
<tr>
<td>29,771</td>
<td>&quot;Have Need, Not Looking&quot; (This equals &quot;Complete Service Need&quot; [243,000] minus &quot;Service Seeker Need&quot; [~214,000])</td>
</tr>
<tr>
<td>12%</td>
<td>&quot;Have Need, Not Looking Percent&quot;</td>
</tr>
</tbody>
</table>

Logic and Calculation for Behavioral Health Service Gap Correction Factor

Survey findings from the current project suggest that about 41% of people actively seeking behavioral health services in Denver are not finding the services they need. Although the estimate of the service gap from the current project is lower than from previous reports (41% vs 48%), results from the current project are likely an underestimate because we are only examining people who have the time,
resources and motivation to actively look for services, thus increasing their chances of getting the services they need. Using this logic, any service gap measured in the current project (i.e., the "service seeker gap") underestimates the full or complete service gap by about 15% (i.e., \( \frac{48 - 41}{48} = \frac{7}{48} = 15\% \)). Although a somewhat high-level estimate, any of the "seeker service gaps" noted in the findings below could be adjusted upward using this correction factor to estimate the "complete service gap" in the absence of any better information.

Example Calculation for a Specific Denver Mental Health Service Gap

To illustrate how the project team obtained service gap estimates for each service, the process is explained in here using "Non-Traditional" services as an example. The project team found in the survey that 32% of all 497 respondents seeking mental health services of any type sought a non-traditional mental health service (i.e., “seeking services”). Of those seeking a non-traditional service, 40% were not able to obtain that service (i.e., “seeker gap”). To get the total percent of people seeking any type of service that were not able to obtain a non-traditional service, the previous two percentages (i.e., \(.32 \times .40 = .13 = 13\% = "gap percent all seekers"\)). To estimate the number of people in Denver seeking a non-traditional mental health service who were not able to obtain it (i.e., “Denver seeker gap” of 14,218), we multiplied the “gap percent all seekers” (13%) by the total number of people seeking but not obtaining any type of mental health service in Denver (i.e., the CHAS estimate of 110,181). To estimate the “Denver complete gap”, we divide the “Denver seeker gap” by 1 minus the correction factor described earlier in this section (i.e., \( \frac{14,218}{1 - .35} = 14,218 / .65 = 21,874 \)). Please note that the percentages used in this example were rounded to the closest whole number, so some of the peoples might look slightly different than when using the exact percentages.
Appendix 4: Interview Questions

Date:
Organization:
Interviewee(s) Name: 
Role: 
Lead Facilitator: 
Note and timekeeper:
Note mention of drug reference:

Resource Inventory: 
1. We want to review the information gathered on your organization to:
   a. Confirm information obtained by our team via available website information
   b. Clarify any questions on the information obtained
   c. Gather any missing information or contact(s) who can help us complete the draft provider profile

Capacity and Capability Questions: We would like to get a better understanding of what your organization’s capacity and capabilities are for delivering services to individuals within the City and County of Denver.
   - How would you rate the following statement: Our organization has the needed capacity and capability to meet the demand for delivering mental health and substance use services to our intended communities?
     
     | Scale | 1 | 2 | 3 | 4 | 5 |
     |-------|---|---|---|---|---|
     |       |   |   |   |   |   |

   - What percentage of your demand are you able to meet?

   - Has the COVID pandemic impacted your service delivery? ☐ Yes ☐ No 
     o If so, what would you need to better address this issue?

   - Has the overdose epidemic impacted your service delivery? ☐ Yes ☐ No 
     o If so, what would you need to better address this issue?
     o Please use the following buckets for responses: prevention, treatment, harm reduction, recovery

   - Tell us about the challenges and changes your organization has experienced in the past year or so regarding demand for your services and your capacity and capability to meet those demands.
Adequacy/Ability to Deliver Services:
1. How would you rate the following statement: Our organization has the workforce needed to meet the service delivery needs of our intended communities? 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
</table>

2. Tell us about the challenges and changes your organization has experienced in the past year or so regarding the behavioral health workforce’s ability to meet service delivery needs.

Workforce limitations:
1. Please rank each of these factors starting with the one that has the greatest impact on your organization’s ability to provide services to your intended communities:

<table>
<thead>
<tr>
<th>Insufficient staff</th>
<th>Education/training</th>
<th>Incongruences between providers and the service population (demographics/other key characteristics)</th>
<th>Lack of resources</th>
<th>Other: please describe</th>
</tr>
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</table>

2. Tell us about the challenges and changes your organization has experienced in the past year or so regarding workforce limitations.

CLAS/DEI Questions:
1. How would you rate the following statement: Our organization has the ability to provide culturally (race/ethnicity, gender identity, socially, etc.) and linguistically appropriate services to our intended communities. 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

2. Tell us about the challenges and changes your organization has experienced in the past year or so in providing culturally and linguistically appropriate services.

Recommendations: What ideas or recommendations would you like us to share with DDPHE to help address the gaps between the needs and ability to meet Denver’s mental health and substance use needs.
Appendix 5: Focus Group Questions

Date:
Name of Focus Group:
Lead Facilitator:
Note and timekeeper:
Number of participants:
Notes on impact of others trying to seek services:

Impacts of COVID: We would like to understand the impact of COVID on your mental health and substance use.
1. By a show of hands, do you feel like the COVID pandemic has had an impact on your mental health and substance use?

   Yes
   No

2. Tell us about the impact the COVID pandemic has had on your mental health and substance use.

   

Needed Services: We would like to understand how you feel about the mental health services provided in Denver.

• By a show of hands, do you feel like the mental health and substance use services you need are available in Denver?

   Yes
   No

• Can you tell us what services are needed for mental health and substance use care in Denver that are not currently provided? (Prompt: This could include things like more peer support or other maybe nontraditional services and supports.)

• Other groups have shared that they “don’t like the options available” can you tell us about what this might mean for you?

Access to Services (organization dependent): We would like to understand how things like cost, time, and location impact your ability to access mental health services in Denver.
1. By a show of hands, do things like cost, time, and locations impact your ability to access mental health and substance use services in Denver?

   Yes
   No
2. Tell us about how costs, time, and location impacted your ability to access mental health and substance use services in Denver?

3. We have heard from other groups that factors like (pick from list below depending on group) can impact access, tell us about how these factors impact your ability to access services.

Info from ASC and lit review: Hispanic/Latinos (Do not like options available), Black/African Americans (Providers do not look like me, providers do not speak my language), People identifying as LGBTQ+ (e.g., service cost, insurance coverage, wait time too long), People identifying as Homeless (Do not like options available, providers not understand me), People identifying as Person of Color (Providers do not look like me, providers do not speak my language)

Barriers to Services (individual dependent): We would like to understand some of the barriers you experienced when trying to access mental health services in Denver. Prompt: These could include things like too busy, too many other needs, transportation, etc

By a show of hands, do barriers interfere with you accessing services?

Yes
No

1. Tell us about the barriers you have encountered while seeking mental health and substance use services in Denver?

Recommendations: We would like to learn your ideas for improving mental health and substance use services in Denver.

1. Tell us what your top 1 recommendation are for improving mental health services in Denver.

Please write your name and email in the Jamboard if you would like to participate in the survey.
Appendix 6: Survey Instrument

Two uniquely worded surveys were created and used for the current project. Although all questions on the two surveys were “the same”, one questionnaire was written from the perspective of (1) a person looking for behavioral health services for themselves, and the other was written from the perspective of (2) a person assisting another person to find behavioral health services for them. Each of these two surveys were also translated into Spanish language surveys using a professional translation company (i.e., Cesco).

The survey question below are for one version of the survey: written from the perspective of a person looking for behavioral health services for themselves. Not all questions were answered by all respondents given that answers to some earlier questions determined which later questions respondents were eligible to answer. Respondents were required to answer all questions to be included in the analysis, except for the final set of demographic questions towards the end of the survey. Additional screening criteria to be included in the survey were:

- Currently live in Denver
- Age 15 years or older
- Actively looked for behavioral health services in the past 12 months for self or another person
- IP address from within the United States
- Completed the survey in 2 to 120 minutes

Screening Questions

1) What is the 5-digit zip code where you live?

2) What year were you born? (please enter 4 digit year, such as 1985)

3) Which of the following describe your experience when thinking about or seeking mental health or substance use services in the past 12 months? (select all that apply)
   - I actively looked for mental health or substance use services for myself.
   - I actively looked for mental health or substance use services for someone else.
   - I thought about looking for mental health or substance use services for myself but did not actively look.
   - I thought about looking for mental health or substance use services for someone else but did not actively look.
   - I have not thought about seeking mental health or substance use services for myself or anyone else I know.

4) You indicated that you actively looked for mental health or substance use services for someone else. What age group was the person you were assisting?
   - Younger than 18 years
   - Adult 18 years or older

5) You indicated that you thought about looking for mental health or substance use services for someone else. What age group was the person you thought about assisting?
Welcome! Thank you for participating in this survey about the mental health and substance use needs of Denver residents for the Denver Department of Public Health and Environment (DDPHE). The purpose of this survey is to help DDPHE understand your preferences and experiences while seeking mental health and substance use services in Denver.

This survey will take about 15 minutes to complete. All your individual survey responses will be kept anonymous and will not be shared with anyone. Key words or phrases in the survey that appear in blue text will have a definition provided when you hover over the text in the online survey.

To show our appreciation for your time, you will have the option to receive a $5 online gift card from a variety of retailers after completing the survey.

If you need mental health support at any time, including while taking this survey, you can contact Colorado Crisis Services at 1-844-493-8255 or Text “TALK” to 38255.

Before we begin, we will ask you some questions to see if you will be able to continue with the survey. If you are not selected to continue, it is only because we have already received enough surveys from people like you.

For all remaining survey questions, please respond regarding your experiences seeking mental health or substance use services for yourself only.

1) Which of the statements below best describes the type of mental health or substance use services you sought for yourself over the past 12 months? (select one)
   1. Help for my general mental health condition like mild depression or anxiety.
   2. Help for my substance use issues (alcohol or other drugs) which has caused problems with my health or my responsibilities at work, school, or home.
   3. Help for my mental health condition like schizophrenia, bipolar disorder or major depression that has interfered or limited major parts of my life.
   4. Help for my thoughts, plans or actions about harming or killing myself.
   5. Help for my substance use issues (alcohol or other drugs), and my mental health condition which have caused problems with my health or my responsibilities at work, school, or home.
   6. None of the statements above describe me.

2) What substances are you seeking help with? (select all that apply)
   • Opioids
   • Cocaine
   • Alcohol
   • Benzodiazepines
   • Methamphetamines
   • Marijuana
3) Which of the following mental health services would you like to have available for yourself when needed? (select all that apply)
   • Friend or family member to talk with about mental health issues in-person
   • Friend or family member to talk with about mental health issues virtual (e.g., phone or zoom)
   • Non-traditional mental health services (e.g., talking circles, healers, yoga, meditation)
   • Organized mental health support group: in-person
   • Organized mental health support group: virtual (e.g., phone or zoom)
   • Meeting with a professional therapist to talk with in-person
   • Meeting with a professional therapist to talk with virtually (e.g., phone or over zoom)
   • Meet with a medical professional (e.g., physician) who can prescribe medications as needed
   • A place to live that has daily mental health support services
   • A place to live temporarily that has daily mental health support services
   • In-patient psychiatric facility that provides intensive daily services
   • Other (please describe):

4) You indicated that you would like to have the option of seeing a professional therapist to talk with in person. If available, what is your preferred frequency of using this service if needed?
   • More than once per week
   • Weekly
   • Less often than weekly

5) You indicated that you would like to have the option of seeing a professional therapist to talk with virtually. If available, what is your preferred frequency of using this service if needed?
   • More than once per week
   • Weekly
   • Less often than weekly

6) To what degree do you prefer the following mental health services for yourself when needed, even if you have not been able to obtain these services yet.

   **Very Low Preference**
   • Low Preference
   • Moderate Preference
   • High Preference
   • Very High Preference

   • Friend or family member to talk with about mental health issues in-person
   • Friend or family member to talk with about mental health issues virtually (e.g., phone or zoom)
   • Non-traditional mental health services (e.g., talking circles, healers, yoga, meditation)
   • Organized mental health support group: in-person
   • Organized mental health support group: virtual (e.g., phone or zoom)
   • Meeting with a professional therapist to talk with in-person
• Meeting with a professional therapist to talk with virtually (e.g., phone or over zoom)
• Meet with a medical professional (e.g., physician) who can prescribe medications as needed
• A place to live that has daily mental health support services
• A place to live temporarily that has daily mental health support services
• In-patient psychiatric facility that provides intensive daily services

7) Which of the following substance use services would you like to have available for yourself when needed? (select all that apply)
   1. Friend or family member to talk with about substance use issues in-person
   2. Friend or family member to talk with about substance use issues virtually (e.g., phone or zoom)
   3. Non-traditional substance use services (e.g., talking circles, healers, yoga, meditation)
   4. Organized substance use program: in-person
   5. Organized substance use program: virtual (e.g., phone or zoom)
   6. Meeting with a substance use professional to talk with in-person
   7. Meeting with a substance use professional to talk with virtually (e.g., phone or over zoom)
   8. Meet with a medical professional (e.g., physician) who can prescribe appropriate substance use treatment medications as needed
   9. A place to live temporarily that has daily substance use support services
   10. In-patient substance use facility that provides intensive daily services
   11. Other (please describe):

8) You indicated that you would like to have the option of enrolling in an organized in-person substance use program. If available, what is your preferred type of service if needed? (select all that apply)
   • Prevention (e.g., Alcoholics Anonymous)
   • Harm Reduction
   • Relapse Prevention
   • Recovery Support
   • Other treatment not listed above (please describe):

9) You indicated that you would like to have the option of enrolling in an organized virtual substance use program. If available, what is your preferred type of service if needed? (select all that apply)
   • Prevention (e.g., Alcoholics Anonymous)
   • Harm Reduction
   • Relapse Prevention
   • Recovery Support
   • Other treatment not listed above (please describe):

10) You indicated that you would like to have the option of meeting with a substance use professional to talk with in-person. If available, what is your preferred frequency of using this service if needed?
    • More than once per week
    • Weekly
    • Less often than weekly
11) You indicated that you would like to have the option of meeting with a substance use professional to talk with virtually. If available, what is your preferred frequency of using this service if needed?

- More than once per week
- Weekly
- Less often than weekly

12) To what degree do you prefer the following substance use services for yourself when needed, even if you have not been able to obtain these services yet.

- Very Low Preference
- Low Preference
- Moderate Preference
- High Preference
- Very High Preference

- Friend or family member to talk with about substance use issues in-person
- Friend or family member to talk with about substance use issues virtually (e.g., phone or zoom)
- Non-traditional substance use services (e.g., talking circles, healers, yoga, meditation)
- Meeting with a substance use professional to talk with in-person
- Meeting with a substance use professional to talk with virtually (e.g., phone or over zoom)
- Meet with a medical professional (e.g., physician) who can prescribe appropriate substance use treatment medications as needed
- A place to live temporarily that provides intensive daily services
- In-patient substance use facility that provides intensive daily services

13) To what degree do you prefer each of these in-person substance use programs for yourself if needed, even if you have not been able to obtain these services yet.

- Very Low Preference
- Low Preference
- Moderate Preference
- High Preference
- Very High Preference

1. Prevention (e.g., Alcoholics Anonymous)
2. Harm Reduction
3. Relapse Prevention
4. Recovery Support
5. Other in-person treatment noted above

14) To what degree do you prefer each of these virtual substance use programs for yourself if needed, even if you have not been able to obtain these services yet.

- Very Low Preference
- Low Preference
- Moderate Preference
15) Which of the following mental health services have you looked for in the past 12 months but were not able to obtain? (select all that apply)
1. Friend or family member to talk with about mental health issues in-person
2. Friend or family member to talk with about mental health issues virtual (e.g., phone or zoom)
3. Non-traditional mental health services (e.g., talking circles, healers, yoga, meditation)
4. Organized mental health support group: in-person
5. Organized mental health support group: virtual (e.g., phone or zoom)
6. Meeting with a professional therapist to talk with in-person
7. Meeting with a professional therapist to talk with virtually (e.g., phone or over zoom)
8. Meet with a medical professional (e.g., physician) who can prescribe medications as needed
9. A place to live that has daily mental health support services
10. A place to live temporarily that has daily mental health support services
11. In-patient psychiatric facility that provides intensive daily services
12. Other (please describe):
13. None - I was able to obtain all services needed

16) Which of the following substance use services have you looked for in the past 12 months but were not able to obtain? (select all that apply)
- Friend or family member to talk with about substance use issues in-person
- Friend or family member to talk with about substance use issues virtually (e.g., phone or zoom)
- Non-traditional substance use services (e.g., talking circles, healers, yoga, meditation)
- Organized substance use program: in-person
- Organized substance use program: virtual (e.g., phone or zoom)
- Meeting with a substance use professional to talk with in-person
- Meeting with a substance use professional to talk with virtually (e.g., phone or over zoom)
- Meet with a medical professional (e.g., physician) who can prescribe appropriate substance use treatment medications as needed
- A place to live temporarily that has daily substance use support services
- In-patient substance use facility that provides intensive daily services
- Other (please describe):
- None - I was able to obtain all services needed

17) You indicated that you looked for an organized in-person substance use program within the past 12 months and were not able to obtain those services. Please indicate which type of in-person substance use program you were looking for. (select all that apply)
• Prevention (e.g., Alcoholics Anonymous)
• Harm Reduction
• Relapse Prevention
• Recovery Support
• Other in-person treatment (please describe):

18) You indicated that you looked for an organized virtual substance use program within the past 12 months and were not able to obtain those services. Please indicate which type of virtual substance use program you were looking for. (select all that apply)
• Prevention (e.g., Alcoholics Anonymous)
• Harm Reduction
• Relapse Prevention
• Recovery Support
• Other virtual treatment (please describe):

19) What types of technology were most useful when looking for services over the past 12 months? (select all that apply)
• Text
• Phone call
• Email
• Internet search
• Mobile app
• Other (please describe):

20) Who or what type of organizations were most helpful when looking for services over the past 12 months? (select all that apply)
• Physical treatment sites (e.g., doctor office, hospital or clinic)
• Friends or family members
• Treatment hotlines
• Online chat rooms
• Other (please describe):

21) Please list up to 3 resources (websites, mobile apps, medical providers, hotlines, etc.) you contacted that you found to be most helpful when attempting to obtain services over the past 12 months (one resource please per box below).
• Helpful Resource #1:
• Helpful Resource #2:
• Helpful Resource #3:

22) Which of the following mental health services have you looked for in the past 12 months and were able to obtain? (select all that apply)
• Friend or family member to talk with about mental health issues in-person
• Friend or family member to talk with about mental health issues virtual (e.g., phone or zoom)
• Non-traditional mental health services (e.g., talking circles, healers, yoga, meditation)
- Organized mental health support group: in-person
- Organized mental health support group: virtual (e.g., phone or zoom)
- Meeting with a professional therapist to talk with in-person
- Meeting with a professional therapist to talk with virtually (e.g., phone or over zoom)
- Meet with a medical professional (e.g., physician) who can prescribe medications as needed
- A place to live that has daily mental health support services
- A place to live temporarily that has daily mental health support services
- In-patient psychiatric facility that provides intensive daily services
- Other (please describe):

23) Which of the following substance use services have you looked for in the past 12 months and were able to obtain? (select all that apply)
- Friend or family member to talk with about substance use issues in-person
- Friend or family member to talk with about substance use issues virtually (e.g., phone or zoom)
- Non-traditional substance use services (e.g., talking circles, healers, yoga, meditation)
- Organized substance use program: in-person
- Organized substance use program: virtual (e.g., phone or zoom)
- Meeting with a substance use professional to talk with in-person
- Meeting with a substance use professional to talk with virtually (e.g., phone or over zoom)
- Meet with a medical professional (e.g., physician) who can prescribe appropriate substance use treatment medications as needed
- A place to live temporarily that has daily substance use support services
- In-patient substance use facility that provides intensive daily services
- Other (please describe):

24) You indicated that you looked for an organized in-person substance use program within the past 12 months and were able to obtain those services. Please indicate which type of in-person substance use program you found. (select all that apply)
- Prevention (e.g., Alcoholics Anonymous)
- Harm Reduction
- Relapse Prevention
- Recovery Support
- Other in-person treatment (please describe):

25) You indicated that you looked for an organized virtual substance use program within the past 12 months and were able to obtain those services. Please indicate which type of virtual substance use program you found. (select all that apply)
- Prevention (e.g., Alcoholics Anonymous)
- Harm Reduction
- Relapse Prevention
- Recovery Support
- Other virtual treatment (please describe):
26) As of today, how long have you spent actively looking for an appropriate service provider in the past 12 months?
   • 1 day or less
   • 2 to 6 days
   • 1 week
   • 2 to 3 weeks
   • 4 weeks to 2 months
   • 3 months or more

27) As of today, about how many total hours have you spent actively looking for an appropriate service provider in the past 12 months?
   • 1 hour or less
   • 2 to 4 hours
   • 5 to 9 hours
   • 10 to 19 hours
   • 20 to 39 hours
   • 40 or more hours

28) Do you have any medical insurance coverage today?
   • Yes
   • No
   • Not sure

29) What type of medical insurance coverage do you have? (select all that apply)
   • Private insurance
   • Medicare
   • Medicaid
   • Other (please describe):

30) Were you successful in finding an appropriate service provider for yourself in the past 12 months where you have already had at least 1 service appointment?
   • Yes
   • No, but an initial service appointment is scheduled
   • No, but I am still looking
   • No, and I have stopped looking

31) Does the medical insurance cover any costs associated with substance use or mental health services? (select one)
   • Yes – Covers 100% of the cost of needed services (possibly minus a co-pay)
   • Yes – Covers some of the costs of needed services
   • No – Does not cover any of the needed services
   • Other (please describe):

32) Why did you stop looking? (select all that apply)
• Ran out of personal energy to continue
• Encountered too many barriers
• The need to seek services went away
• Was not making enough progress to continue
• Other (please describe):

33) What was the total number of days between when you initially contacted a service provider and your scheduled appointment for each of the following services?

- 0 days
- 1 to 6 days
- 1 to 2 weeks
- 3 to 4 weeks
- 1 month but less than 2 months
- 2 months but less than 3 months
- 3 months or more
- Not applicable to my situation

- Intake session (virtual or in-person)
- Meet with a therapist (virtual or in-person)
- Meet with a physician for medications (virtual or in-person)

34) How large were the following potential barriers experienced when seeking needed mental health or substance use services for yourself over the past 12 months?

1. Not a barrier at all
2. Small barrier
3. Medium barrier
4. Large barrier
5. Extremely large barrier
6. Not Applicable

- The wait time to receive services
- No service providers who look like me
- Services cost too much
- Insurance does not adequately cover services costs
- I do not like any of the services options available
- There are no service providers who would understand my experience
- No services providers who speak my language
- The location of services is very inconvenient or far away
- The hours of service availability are too restrictive (e.g., only during weekdays or regular work hours)
- No remote services options (e.g., over Zoom or Google Meets)
- Could not find service providers accepting new clients
• The organization did not provide an interpreter to help me communicate in my preferred language
• Felt that providers did not understand my culture
• Did not get the assistance I needed from friends or family to find a provider
• Basic needs were a higher priority (e.g., housing, food, utilities)
• I fear what others will think of me [them] or say to me
• I would feel worse about myself for receiving mental health services
• I am scared to admit I need mental health or substance use services
• COVID related issues (e.g., fear of infection or public health restrictions)

35) How big an impact has the COVID19 pandemic had on your mental health or substance use?
   1. No impact at all
   2. Low impact
   3. Moderate impact
   4. High impact
   5. Extremely high impact

36) Has the COVID19 impact been primarily positive or negative on your mental health or substance use?
   • Positive
   • Negative

37) How has the COVID19 pandemic affected the difficulty of finding needed mental health or substance use services compared to pre-COVID times?
   • Much harder
   • Somewhat harder
   • About the same
   • Somewhat easier
   • Much easier
   • Not applicable (e.g., no pre-COVID experience for comparison)

38) Please indicate the potential barriers you believe needs to be addressed most urgently to help people like you get needed substance use or mental health services?
   • The wait time to receive services
   • No service providers who look like me
   • Services cost too much
   • Insurance does not adequately cover services costs
   • I do not like any of the services options available
   • There are no service providers who would understand my experience
   • No services providers who speak my language
   • The location of services is very inconvenient or far away
   • The hours of service availability are too restrictive (e.g., only during weekdays or regular work hours)
• No remote services options (e.g., over Zoom or Google Meets)
• Could not find service providers accepting new clients
• The organization did not provide an interpreter to help me communicate in my preferred language
• Felt that providers did not understand my culture
• Did not get the assistance I needed from friends or family to find a provider
• Basic needs were a higher priority (e.g., housing, food, utilities)
• COVID related issues (e.g., fear of infection or public health restrictions)
• Other (please describe):

39) Of the mental health or substance use improvements you noted above, which one do you believe would have the biggest impact on helping you to receive needed services (select one)
• The wait time to receive services
• No service providers who look like me
• Services cost too much
• Insurance does not adequately cover services costs
• I do not like any of the services options available
• There are no service providers who would understand my experience
• No services providers who speak my language
• The location of services is very inconvenient or far away
• The hours of service availability are too restrictive (e.g., only during weekdays or regular work hours)
• No remote services options (e.g., over Zoom or Google Meets)
• Could not find service providers accepting new clients
• The organization did not provide an interpreter to help me communicate in my preferred language
• Felt that providers did not understand my culture
• Did not get the assistance I needed from friends or family to find a provider
• Basic needs were a higher priority (e.g., housing, food, utilities)
• COVID related issues (e.g., fear of infection or public health restrictions)
• Other (please describe):

40) Please indicate your gender identity (select one)
• Female
• Male
• Non-binary
• Other (please describe):
• Prefer not to answer

41) Please indicate your ethnicity (select one)
• Hispanic or Latino
• Not Hispanic or Latino
• Prefer not to answer
42) Please indicate your race (select all that apply)
   - American Indian or Alaska Native
   - Asian
   - Black or African American,
   - Native Hawaiian or Other Pacific Islander
   - White
   - Other (please describe):
   - Prefer not to answer

43) Do you identify with any of the following groups? (select all that apply)
   - Homeless / no stable housing
   - LGBTQ+
   - Person of color
   - Veteran
   - Other (Please describe):
   - Prefer not to answer
   - None of the above

44) What is the highest level of formal education you have obtained? (select one)
   - Home high school classes
   - High school diploma
   - Some college classes
   - 2-year college degree
   - 4-year college degree
   - Post graduate college classes or degree
   - Other (please describe):
   - Prefer not to answer

45) During the COVID19 pandemic, did / do you have a job considered to be an essential worker position, where you were at higher risk of COVID19 infection (e.g., healthcare, emergency responder, food manufacturing / distribution, education, transportation, critical manufacturing)?
   - Yes
   - No
   - Not sure
   - Prefer not to answer

46) How many people live at your residence?
   - 1
   - 2
   - 3
   - 4
   - 5
6
7
8
9
10
More than 10
Prefer not to answer

47) What is the combined annual income of all people living at your residence? (please round to the nearest $1,000)
• $:
• Prefer not to answer

Thank You!

Thank you for taking our survey. Your response is very important to us.
Appendix 7: Qualitative Findings Detail
Introduction and Background
The Analytics and Insights Matter (AIM) and Arrow Performance Group (APG) team conducted a Behavioral Health Needs Assessment (BHNA) to identify the needs of people with behavioral health conditions, particularly those at greater risk due to COVID. The process collected recommendations from the community and providers to gather ideas on how to remove barriers and increase access to mental health and substance use services. Three approaches informed the capability and capacity assessment and the needs assessment phases of the BHNA:

1) Interviews with provider organizations were conducted to inform the capability and capacity assessment phase and provide perspectives
2) Focus groups were conducted with Denver community members
3) Surveys (conducted separately) informed the needs assessment phase and gathered the experiences of those living with mental health and substance use conditions.

Information collected through the focus group and interview approaches helped inform the survey creation. This report focuses on the interviews and focus groups. The surveys were conducted and completed later as a separate process.

Terminology – The Anti-Stigma Campaign project uncovered that there was a general misunderstanding of the phrase “behavioral health” among the community. For this reason, the phrase “mental health and substance use” will be used alternately with “behavioral health” throughout the report.

Methods
The project team based the design and approach for conducting both interviews and focus groups on methods outlined by Richard Krueger, Professor and Evaluation Leader at the University of Minnesota (Krueger, 2002), which included modifications to allow for pandemic related challenges such as the need and desire to conduct both interviews and focus groups virtually.

Interviews: Interviews gathered information needed to assess the capacity and capability of Denver mental health and substance use service providers. The interviews also provided the opportunity to collect information about each organization so that a provider profile could be completed. To gain systems-level perspectives on the current state of mental health and substance use services in Denver, the project team also conducted interviews with two Denver-based advocacy organizations.

Identifying Organizations: With guidance from the Denver Department of Public Health and Environment (DDPHE), the project team identified 13 Denver organizations to include in the interview process. These organizations represented both large and small service providers and advocacy organizations. The project team was especially interested in organizations that serve communities most affected by the pandemic (LGBTQ+, Hispanic/Latino, Asian Pacific Islander, and Native American). A total of 34 individuals representing 13 organizations participated in 21 interviews. All percentages
reported in the findings below will be based on the 34 individuals that participated in the interviews, unless otherwise noted. The interviews included staff from across the organizations ranging from managers, therapists, pharmacists, directors, counselors, and other staff members.

**Interview Format:** The project team conducted 60-minute virtual interviews with two facilitators alternating between tracking time, taking notes, and leading the discussion. To ensure consistent data collection, the interview followed a pre-approved script consisting of carefully selected questions. Most interviews were recorded, with participant consent. Project interns transcribed the sessions and took supplementary notes.

**Provider Profiles:** The development of provider profiles categories was informed by local and national environmental scans. With assistance from DDPHE, the project team reviewed and refined these categories to include relevant information on the provider organization’s locations, hours, contacts, number of people served, client demographics, and services provided. Organizational information was collected via web sources, interview responses, and follow-up emails with additional organizational contacts. The data collected in the provider profiles was entered into the baseline resource inventory. It should be noted that the project team was unable to obtain data points from several organizations. Obstacles included not being able to connect with the appropriate organizational representative, organizations not having the requested information, or lack of follow-through on behalf of the organization.

**Question Development:** Interview questions were made up of both Likert scale questions and open-ended qualitative questions around the following topics:

1. Capacity and capability
2. Adequacy and ability of service delivery
3. Workforce limitations
4. Recommendations
5. COVID impact on service delivery
6. Ability to provide culturally and linguistically appropriate services

**Participant Recruitment:** The project team conducted outreach to potential interviewees via email, leveraging established partnerships between the provider organization and DDPHE as well as building upon relationships that were created during the Anti-Stigma Campaign project. It should be noted that there were some challenges connecting with providers due to high workloads. In particular, the project team was unable to conduct any interviews with representatives of the Rocky Mountain Crisis Partners due to the launch of the statewide Crisis Hotline. Prior to the interview, the interviewees were sent a copy of their organization’s provider profile for review and editing, as well as a list of interview questions.

**Analysis:** The project team made pandemic-related modifications and utilized Thematic Template Analysis (Brooks J, 2014) to understand the views, opinions, knowledge, and experiences of interview participants. Interview data consisted of notes from three separate facilitators, audio and video recordings, and session transcripts. For each interview, team members independently identified and categorized topics that emerged and entered it into the cumulative response spreadsheet. The team worked to understand and organize the emerging themes into larger groupings, tallied responses and
finalized counts for each of the overarching topic themes. The top 3 themes for each question posed during the interviews are presented in the findings.

**Focus Groups:** Focus groups gathered information needed to assess the needs across the service continuum for community groups and to understand the impacts of COVID.

**Focus Group Methods**

**Identification of Community Groups:** Each focus group was comprised of up to 12 individuals for a total 10 focus groups with 95 participants. All percentages reported in the findings below will be based on the 95 individuals that participated in the focus groups, unless otherwise noted. Focus group categories were based on information from the literature review, data about the impacts of COVID, and guidance from DDPHE. Many partner organizations were unable to assist with recruitment due to workload and capacity challenges. This made connecting with community members from specific communities, such as the Spanish-speaking community, more of a challenge.

Listed below are the identified categories:
1. Youth 17 and under
2. Youth 18-24
3. LGBTQ+ individuals
4. Hispanic/Latino Spanish speakers
5. People of color
6. Essential workers
7. Service providers
8. Unpaid caregivers and parents
9. Individuals with pre-existing mental health or substance use conditions prior to the COVID pandemic
10. People with mental health conditions

**Focus Group Format:** After candid conversations with partners about their lack of capacity to assist with in-person focus groups, the team shifted to hosting 60-minute virtual discussions. Focus groups were conducted by two facilitators who managed time, took notes, and led the discussion. Project interns served as supplementary note takers and transcribed recordings. Focus groups were recorded via Zoom with participants’ permission, and a standard facilitator guide ensured consistency in the data collection.

**Question Development:** Focus group questions consisted of two parts – quantitative questions for each topic area and open-ended qualitative questions to build on quantitative responses. Questions addressed the following:
- Needed services
- Access to services- explored organizational factors such as cost, time, and location. Additional questions from the Anti Stigma Campaign project related to satisfaction with available options were included in this section.
- Barriers to service- explored individual factors such as being too busy, lack of transportation, food and/or housing insecurity
- COVID- explored the impact of the pandemic on mental health and/or substance use
and accessibility, verbal interaction, Zoom chat, or Google Jamboards were all permissible forms of interaction. After each session, gift cards were sent electronically to the participant’s email address. If individuals were not able to reserve a spot due to the first come-first-serve process, they were offered the opportunity to participate in the survey.

**Analysis:** To effectively understand the views, opinions, knowledge, and experiences of focus groups participants, the project team made pandemic-related modifications and utilized Thematic Template Analysis (Brooks J, 2014). Focus group data consisted of notes from three separate facilitators, audio and video recordings, session transcripts and Google Jamboard notes. For each focus group, team members independently identified and categorized topics that emerged during each focus group and entered it into the cumulative response spreadsheet. The team worked to understand and organize the emerging themes into larger groupings, tallied responses and finalized counts for each of the overarching topic themes. The top 3 themes for each question posed during the interviews are presented in the findings.

**Findings**

*Interview Findings*

The project team was able to enlist the participation of 13 Denver advocacy organizations and service providers of varying sizes to allow for 21 interviews with a total of 34 participants. To capture a well-rounded review of the capability and capacity of the provider organization, both leaders and client-facing staff were interviewed. Interview questions consisted of two parts: quantitative Likert scale questions (1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree) and an open-ended qualitative question. Please note that some participants shared that for the Likert scale questions a response of “3” indicated an average organizational performance rather than a neutral response. All percentages reported in the findings below will be based on the 34 individuals that participated in the interviews, unless otherwise noted.

**COVID**

*Participant Quote:* “The pandemic has shown cracks in the behavioral health system and because of the pandemic we are seeing a massive influx in demand for services.”
Interview responses indicate that COVID had a clear impact on organizations’ service delivery, as 94% of interviewees reported to have seen a noticeable correlation. To help with the impact of COVID, providers recommended improved technology, added workforce, and more treatment options. In fact, “technology” 41% (14/34) highlighted the need for expanded technology options for both clients and organizations. “Workforce” 38% (13/34) included specific reference to staff shortages, recruiting challenges, and a stronger and more diverse workforce pipeline. “More treatment options” 29% (10/34) included suggestions for the need to broaden services to meet community needs (e.g., increasing hours) and obtain proactive community treatment.

**Overdose Epidemic**

Participant Quote: “Coverage for services are difficult to find including access for undocumented, uninsured, and low-income individuals.”

70% of interviewees reported that the overdose epidemic has impacted their service delivery, while 24% reported that it did not, and 6% could not respond. When asked “What would you need to better address this issue?”, 82% (28/34) of respondents mentioned increased treatment options. Comments included mobile methadone vans, treatment on demand, detox, and a dual approach to mental health and substance use. The need to address social determinants of health 24% (8/34) (e.g., housing, transportation, and food) was also noted. Increased awareness, increased staff and training, and addressing Medicaid challenges each accounted for 18% (6/34). Better harm reduction education was noted as the primary concern related to increased awareness and staff training, while issues with client navigation and the uninsured were noted as challenges with addressing Medicaid.

**Capacity and Capability**

Participant Quote: “We are under capacity and have room to take on more. Why is that, given that there are so many needs within the community for mental health services?”

Participant Quote: “Having telehealth capability is great and we are seeing clients across the state that would not otherwise be able to access our services because they are rural, and we want to make sure that they are not cut off.”

The majority of interviewees (18) either agreed or strongly agreed that their organization had the needed capacity and capability to deliver services to their intended communities. Interviewees were also asked to estimate the percent of demand their organization was able to meet. Responses ranged
from 10% to 100%, where advocacy organizations usually ranked provider capacity and capability on the lower end of the scale, while service providers ranked themselves on the higher end. There were also instances where providers from the same organization had differing views on their organization’s capacity and capability. Two organizations indicated that they were able to meet 100% of demand and have capacity to take on more, but the barrier to their ability to do so was because of a lack of awareness about their services. The graphs below indicate provider organizations’ capacity to meet demand.

When asked about the changes and challenges experienced in the past year regarding demand for services and the capacity to meet that demand, provider organizations referenced workforce challenges, and increased need for services and telehealth. With 79% (27/34), the most prominent response was “workforce“. Organizations identified that recruitment, retention, staff burnout, and a shrinking workforce were all key components of this issue. The next challenge was the increased need for mental health and substance use services at 47% (16/34). 38% (13/34) of respondents referenced telehealth as a significant change and challenge over the past year. Interviewees noted the positive effects of telehealth such as reaching individuals outside of the metro area, particularly rural communities. They also mentioned limitations noting that not everyone has access to technology, connectivity, or the privacy needed to engage in telehealth.

Adequacy/Ability to Deliver Services

Participant Quote: “We do have a workforce issue but there is a large untapped group of folks that don’t take insurance. I don’t think any clinician would say that there isn’t a reimbursement issue.”

19 providers disagreed or strongly disagreed that they had the workforce needed to meet service delivery needs for their organizations’ intended communities. At the same time, 12 providers agreed that they did have the workforce needed to meet demand. When asked to share the challenges and changes within the past year, workforce 94% was the most mentioned issue (32/34). Workforce challenges include recruitment, retention, and burn out. Interviewees also noted the need for more supports for existing staff, especially as it relates to the additional challenges brought on by COVID. 26% (9/34) of respondents mentioned challenges with the lack of diversified funding including the need to
reduce competition among providers, especially smaller organizations. A “green workforce” was noted, 24% (8/34) as a challenge and referred to concerns that new graduates lack general interpersonal skills and require more onboarding and supervision support.

**Workforce Limitations**

Participant Quote: “Workforce is strained and are not fairly compensated at a time when the need is greater than ever.”

The Anti-Stigma Campaign project revealed several workforce issues including insufficient staff, lack of resources, education and training, and incongruences between providers and the service population. BHNA interviewees were asked to rank these workforce issues with priority on the issue that had the greatest impact on the ability to provide services to the providers’ intended communities. Ranked from highest impact to lowest, respondents indicated issues of insufficient staff (45%), lack of resources (27%), incongruences between providers and the service population (23%), and education and training (5%). When asked to describe the challenges and changes experienced in the past year, “workforce” 97% was mentioned (33/34) the most, and many of the same issues were reiterated: staff shortages, turnover, and difficulty of finding qualified candidates. Staff training and support emerged as the next issue at 62% (21/34). Interviewees mentioned staff motivation, onboarding challenges, insufficient training, and increased need for supervision support as issues. A need for workforce diversity and bilingual and/or multilingual services was also noted 35% (12/34). Providers brought up a need for provider diversity and absence of diversity among graduates as other factors. The lack of bilingual providers was acutely felt by organizations providing services to linguistically diverse immigrant
and refugee groups. Interviewees expressed that proactively recruiting in diverse communities, high schools, and higher education could have an impact on these challenges.

**Ability to Provide Culturally and Linguistically Appropriate Services**

*Participant Quote:* “A lot of work has been done in other areas, but zero support in other languages, but we do have diversity with gender and gender identity, I think we are going in the right direction. The biggest challenge is having those bilingual therapists to help families.”

Providers were asked about their organization’s ability to provide culturally and linguistically appropriate services on a Likert scale. 25 providers, the majority, either agreed or strongly agreed that their organization was appropriately providing those services. It is important to note that a few providers from the same organization had differing opinions. Here, a 3 response was not seen by the respondents as being neutral but rather that the organization’s performance was average. Interviewees recognized that they could not or did not serve all communities. However, they did believe that they served their intended communities, such as the Asian Pacific Islander, Hispanic/Latino, and LGBTQ+ communities well.

Interviewee responses to the challenges and changes their organizations faced in the past year related to providing culturally and linguistically appropriate services included lack of diversity 59% (20/34), unmet language needs 53% (18/34), and workforce challenges related to issues like lack of diverse applicants 50% (17/34). Interviewees noted that the present behavioral health workforce is not reflective of Denver’s diverse demographics. The need to provide more specific care to diverse populations, such as traditional healing practices, was also noted. The lack of multilingual therapists was referenced as a barrier that contributed to the challenges discussed. Workforce remained a consistent theme and interviewees noted the need for more intentional hiring practices, a lack of diverse applicants, the need for mentorship programs, and greater recruitment and retention of a diverse workforce.

**Focus Group Findings**

The project team recruited 95 participants in 10 virtual focus groups, many of which were invited from the Anti-Stigma Campaign project. Each focus group had up to 12 participants with six focus groups having 100% attendance. Focus group questions consisted of two parts: yes or no questions and open-ended qualitative questions. The questions aimed to gain insights into:

- The impact of COVID
- Needed services
• Access to services (organization dependent)
• Barriers to services (individual dependent)
• Recommendations for improvement

The response rates for the yes and no questions varied across all focus groups ranging from 65% to 85%, as not all participants answered each question during focus groups. All percentages reported in the findings below will be based on the 95 individuals that participated in the focus groups, unless otherwise noted.

The Denver Department of Public Health and Environment wanted to learn more about findings uncovered in the Anti-Stigma Campaign survey. To that end, focus group participants were asked the following question: “We have heard from other groups that factors including 1) do not like options available, 2) providers do not look like me, 3) providers do not speak my language, 4) service cost, 5) insurance coverage, 6) wait time too long, and 7) providers do not understand me, can impact access. Tell us about how these factors impact your ability to access services.” The question was confusing to participants, so responses were limited and widely mixed, however the most mentioned response was that providers are not a good fit 5% (5/95) due to a lack diversity and lack of cultural and traditional practices.

Impact of COVID

When asked whether COVID had an impact on their mental health and substance use, most focus group participants (66/95) responded “yes” and only two responded ‘no’ (this question had a 72% response rate). With the open-ended prompt, “Tell us about the impact the COVID pandemic has had on your mental health and substance use”, participants shared their experience with isolation, depression, and anxiety. This was mentioned 54% by (51/95) focus group respondents. Other themes heard in the focus group include a lack of information and services 13% (12/95) and increased substance use 13% (12/95). Participants shared anecdotes about how COVID led to the following: sleep disruption; feeling disconnected from family and friends – leading to the feelings of isolation, depression, and anxiety; increased substance use; a lack of physical activity; and thoughts of suicide due to the loss of a loved one during the pandemic. Caregivers mentioned an increase in anxiety due to navigating working from home and overseeing remote learning for school aged children. Aside from COVID, there were other stressors like civil unrest and the lack of trusted information sources.

Needed services
53 focus group participants indicated that the mental health and substance use services they need are available in Denver. Only 14 participants responded that they did not think the needed services were available (71% response rate). Participants were asked what additional services are needed. Therapy was the most noted response 18% (17/95), followed by respondents satisfied with the current provided services 11% (10/95), and finally, issues of cost and insurance coverage 9% (9/95). It was voiced that there is a lack of substance use support and an excess of expenses related to medications (such as vivitrol, which is often not covered by insurance). One participant noted that mental health and substance use deserve a public health response the same way COVID did (and does). For the Latino community, stigma surrounding mental health and substance use was noted as a factor as well as a need for more education and training. Lack of basic needs such as rent, and food were also noted as more important to participants than receiving mental health or substance use services.

Access to services

When participants were asked if cost, time, and location had an impact on their ability to access mental health and substance use services, the majority responded ‘yes’ (80), with only one individual responding ‘no’ (1). This question had the highest response rate at 85%. When participants were asked how cost, time, and location impacted their ability to access services, the most referenced issue was distance/transportation 20% (19/95), followed by cost/insurance 16% (15/95), and inaccessible hours 15% (14/95). Comments included the cost of transportation, the expense of mental health services, and the inability to access services during normal business hours especially for essential workers. Insurance, legal status, language barriers, food, rent, and gas were all mentioned as challenges in accessing services.
Barriers to services

Participants were asked whether individual or personal barriers such as being too busy, transportation, and food or housing insecurities prevented them from seeking services. 62 participants responded yes and zero responded no. This question had the lowest response rate (65%). When participants were asked about the barriers they had encountered seeking mental health and substance use services, financial barriers was mentioned most 16% (15/95), followed by stigma 12% (11/95), and racism 11% (10/95). Participants reiterated the impact of cost, transportation, time, and stigma as being barriers to accessing services.

Recommendations

Capturing provider and community recommendations to improve access to behavioral health services was a key component of the qualitative data efforts. The recommendations reflect the top 3 most noted responses.

Interview Recommendations

Three primary recommendations came out of interviews.

DDPHE Play a More Central Role

71% (24/34) of interviewees recommended DDPHE play a more central role. A more central role includes coordinating a “capacity dashboard” of services across organizations, helping to streamline funding processes, and partnering with service providers.

More Culturally and Linguistically Appropriate Services

68% (23/34) of interviewees recommended more culturally and linguistically appropriate services to support communities. Suggestions included increasing the type of services provided, offering services in more languages, providing community centered treatment options, moving beyond non-western healing systems and advocating for alternative healing practices, developing a workforce that reflects the community being served (especially bilingual providers), and supporting culturally and linguistically appropriate practices.

Address the resource and funding challenges
50% 17/34 providers recommended addressing these challenges. Ideas included streamlining funding, addressing funding challenges especially for small organizations, making funding more equitable to reduce competition, and increasing collaboration between large and small organizations. Other suggestions included diversifying existing funding sources to allow for additional physical space and administrative supports to hire and support more mental health professionals, creating flexible funding options for clients with no insurance- especially for undocumented communities, and helping to address low Medicaid reimbursement rates.

**Focus Group Recommendations**

Denver community members also offered recommendations for improving mental health and substance use services in the focus groups. Top recommendations included addressing the following:

1. Cultural and language diversity needs 12% (11/95)
2. Financial assistance needs and Assistance navigating insurance 11% (10/95)
3. Addressing stigma 11% (10/95)

Focus group participants discussed a need to improve communication and awareness on how to access existing services. Participants suggested that DDPHE come up with innovative ways to help people connect to services. For example, one participant introduced the idea of using text alerts to send out universal information about available services, considering that stigma will most likely be reduced if everyone receives them. On a larger scale, increased economic support would result in more community members utilizing the resources available. Additionally, campaigns to educate and normalize mental health conversations was brought up, as was increasing resources. Underscoring all of these suggestions is the need to ensure efforts are inclusive and address the needs of culturally and linguistically diverse groups.

**References**


[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960514/#:~:text=Template%20Analysis%20is%20a%20form,need%20of%20a%20particular%20study.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960514/#:~:text=Template%20Analysis%20is%20a%20form,need%20of%20a%20particular%20study.)


[https://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf](https://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf)
Appendix 8a: Survey Findings Detail – Question by Question Responses Distributions
Behavioral Health Needs Assessment

Final Survey Findings
November 11, 2022

Empowering Denver’s communities to live better, longer

Findings Question-by-Question for Entire Survey
Question: “Which of the statements below best describes the type of mental health or substance use services you sought for yourself [another person] over the past 12 months? (select one)”

N = 601 Respondents

N = 408

N = 193

Question: “Which of the following describe your experience when thinking about or seeking mental health or substance use services in the past 12 months? (select all that apply)”

N = 601 Respondents
Age of People Helped

25% Youth - 17 Years or Younger
75% Adult: 18 Years or Older

Question: “You indicated that you actively looked for mental health or substance use services for someone else. What age group was the person you were assisting?”

N = 189 Respondents assisting another person looking for BH services in past 12 months

Respondent Age Distribution

Average Age = 35.1 Years

4% 15 to 17 Years
19% 18 to 24 Years
35% 25 to 34 Years
22% 35 to 44 Years
9% 45 to 54 Years
5% 55 to 64 Years
(13%) 65+ Years

N = 601 Respondents (percent of Denver overall population in parentheses)
Gender Identity

Question: “Please indicate your gender identity (select one)”

N = 601 Respondents (percent of Denver overall population in parentheses)

Federal Poverty Level Status

Determination of Federal Poverty Level Status was made using federal guidelines for the state of Colorado based on household income and number of people living in household.


N = 419 Respondents providing valid data: 182 respondents (30%) did not provide household income or size information as requested.
Race / Ethnicity – Census Definitions

Question: “Please indicate your race / ethnicity (select all that apply)”
N = 581 Respondents willing to provide race and ethnicity information about themselves (percent of Denver overall population in parentheses)

Essential Worker Status

Question: “During the COVID19 pandemic, did / do you have a job considered to be an essential worker position, where you were at higher risk of COVID19 infection (e.g., healthcare, emergency responder, food manufacturing / distribution, education, transportation, critical manufacturing)?”
N = 601 Respondents
Question: “Do you identify with any of the following groups? (select all that apply)”

N = 601 Respondents (percent of Denver overall population in parentheses)

Insurance, Type and Coverage

Have Medical Insurance?

<table>
<thead>
<tr>
<th></th>
<th>Have Medical Insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76%</td>
</tr>
<tr>
<td>No</td>
<td>18%</td>
</tr>
<tr>
<td>Not Sure</td>
<td>6%</td>
</tr>
</tbody>
</table>

Q: “Do you have any medical insurance coverage today?”

N = 601 Respondents (percent of Denver overall population in parentheses)

Type of Medical Insurance?

<table>
<thead>
<tr>
<th></th>
<th>Type of Medical Insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>46%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>38%</td>
</tr>
<tr>
<td>Medicare</td>
<td>32%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Q: “What type of medical insurance coverage do you have? (select all that apply)”

N = 459 Respondents who received services and have insurance

Insurance Cover Costs?

<table>
<thead>
<tr>
<th></th>
<th>Insurance Cover Costs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers 100% (Minus Copay)</td>
<td>54%</td>
</tr>
<tr>
<td>Covers Some Costs</td>
<td>41%</td>
</tr>
<tr>
<td>No - Covers Nothing</td>
<td>5%</td>
</tr>
</tbody>
</table>

Q: “Does the medical insurance cover any costs associated with substance use or mental health services? (select one)”

N = 305 Respondents who received services and have insurance
Question: “What is the highest level of formal education you have obtained? (select one)"

N = 601 Respondents

Education

Question: “What is the highest level of formal education you have obtained? (select one)"

N = 601 Respondents (percent of Denver overall population in parentheses)
Household Size

Question: “How many people live at your residence?”

N = 601 Respondents

Sample average = 3.31 people per household
Denver average = 2.44 people per household

Household Income

Question: “What is the combined annual income of all people living at your residence? (please round to the nearest $1,000)”

N = 420 Respondents providing valid data: 177 respondents (30%) did not provide household income information as requested.
Questions Addressed About Services Desired, Sought, Obtained and Not Obtained in Denver

1. **Friends and Family** – How important are friends and family in supporting people experiencing mental health and substance use service needs?
2. **Most Desired Services** – What are the most desired and sought-after mental health and substance use services?
3. **Difficulty Obtaining Services** – How often are services not obtained after seeking them?
4. **Substance Use Programs** – Which substance use program types are most desired and the hardest to obtain?
5. **Telehealth** – How do telehealth / virtual service options compare to in-person options for the same service type?
Method: Services Sought and Obtained / Not Obtained

- 3 Separate Questions – Composite view of each service type used data from
  - Preference rating (1 to 5 rating scale)
  - Sought and not obtained (check box)
  - Sought and did obtain (check box)
- Maybe Obtained – When checked “sought and not obtained” and “sought and did obtain” in 2 different survey sections
- Key Metric: Sough But Not Obtained

Preference When Needed: “To what degree do you prefer the following mental health services for yourself [another person] when needed, even if you have not been able to obtain these services yet.”
Sought & Not Obtain: “Which of the following mental health services have you looked for in the past 12 months but were not able to obtain?”
Sought & Did Obtain: “Which of the following mental health services have you looked for in the past 12 months and were able to obtain?”

Preference Rating Scale
1. Very Low Preference
2. Low Preference
3. Moderate Preference
4. High Preference
5. Very High Preference

Mental Health Services Sought

Preference When Needed: “To what degree do you prefer the following mental health services for yourself [another person] when needed, even if you have not been able to obtain these services yet.”
Sought & Not Obtain: “Which of the following mental health services have you looked for in the past 12 months but were not able to obtain?”
Sought & Did Obtain: “Which of the following mental health services have you looked for in the past 12 months and were able to obtain?”

Preference Rating Scale
1. Very Low Preference
2. Low Preference
3. Moderate Preference
4. High Preference
5. Very High Preference

Average number of professional services sought = 2.5
**Mental Health Services Sought and Not Obtained**

Sought and Not Obtained – Average = 44%

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preference Rating</th>
<th>Friends and Family In-Person</th>
<th>Friends and Family Virtually</th>
<th>Non-Traditional</th>
<th>Support Group In-Person</th>
<th>Support Group Virtually</th>
<th>Professional Therapist In-Person</th>
<th>Professional Therapist Virtually</th>
<th>Medical Professional</th>
<th>Place to Live with Support</th>
<th>Place to Live Temporarily with Support</th>
<th>In-Patient Psychiatric Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sought &amp; Not Obtain:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>N = 497 Respondents who indicated they sought mental health services over the past 12 months. Only people indicating a desire to have the mental health service available when needed (earlier survey question) rated their preferences above.</td>
<td></td>
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</tbody>
</table>

**Substance Use Services Sought**

Average number of professional services sought = 2.3

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preference When Needed</th>
<th>Substance Use Program In-Person</th>
<th>Substance Use Program Virtually</th>
<th>Substance Use Professional In-Person</th>
<th>Substance Use Professional Virtually</th>
<th>Medical Professional</th>
<th>Place to Live Temporarily with Support</th>
<th>In-Patient Substance Use Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sought and Obtained</td>
<td></td>
<td>3.3</td>
<td>3.4</td>
<td>3.8</td>
<td>3.9</td>
<td>3.9</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Maybe Obtained</td>
<td></td>
<td>3.3</td>
<td>3.4</td>
<td>3.8</td>
<td>3.9</td>
<td>3.9</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Sought and Not Obtain:</td>
<td></td>
<td>3.3</td>
<td>3.4</td>
<td>3.8</td>
<td>3.9</td>
<td>3.9</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Preference Rating Scale</td>
<td></td>
<td>1 - Very Low Preference</td>
<td>2 - Low Preference</td>
<td>3 - Moderate Preference</td>
<td>4 - High Preference</td>
<td>5 - Very High Preference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = 138 Respondents who indicated they sought substance use services over the past 12 months. Only people indicating a desire to have the substance use service available when needed (earlier survey question) rated their preferences above.

Preference When Needed: “To what degree do you prefer the following substance use services for yourself [another person] when needed, even if you have not been able to obtain these services yet.”

Sought & Not Obtain: “Which of the following substance use services have you looked for in the past 12 months but were not able to obtain?”

Sought & Did Obtain: “Which of the following substance use services have you looked for in the past 12 months and were able to obtain?”

N = 497 Respondents who indicated they sought mental health services over the past 12 months. Only people indicating a desire to have the mental health service available when needed (earlier survey question) rated their preferences above.
Substance Use Services Sought and Not Obtained

Sought and Not Obtained – Average = 41%

- Percent of people seeking service who sought substance use services
  - Friends and Family In-Person: 54%
  - Friends and Family Virtually: 51%
  - Non-Traditional: 29%
  - Substance Use Program In-Person: 30%
  - Substance Use Program Virtually: 32%
  - Substance Use Professional In-Person: 30%
  - Substance Use Professional Virtually: 36%
  - Medical Professional Place to Live Temporarily with Support: 28%
  - In-Patient Substance Use Facility: 17%

N = 138 Respondents who indicated they sought substance use services over the past 12 months

Only people indicating a desire to have the mental health service available when needed (earlier survey question) rated their preferences above

Sought & Not Obtain: “Which of the following substance use services have you looked for in the past 12 months but were not able to obtain?”

Preference Rating Scale
1 - Very Low Preference
2 - Low Preference
3 - Moderate Preference
4 - High Preference
5 - Very High Preference

Preference When Needed: “To what degree do you prefer each of these [virtual] substance use programs for yourself [the other person] if needed, even if you have not been able to obtain these services yet.”

Substance Use Programs Sought

- Average number of professional programs sought = 2.7

Prevention Harm Reduction Relapse Prevention Recovery Support

In-Person Substance Use Programs (N = 54; 39%)
- Sought and Obtained: 3.6
- Maybe Obtained: 3.6
- Sought and Not Obtained: 59%
- Preference When Needed: 3.8

Virtual Substance Use Programs (N = 44; 32%)
- Sought and Obtained: 43%
- Maybe Obtained: 43%
- Sought and Not Obtained: 3.7
- Preference When Needed: 50%

Only people indicating a desire to have the substance use program available when needed (earlier survey question) rated their preferences above
Substance Use Programs Sought and Not Obtained

Sought and Not Obtained – Average = 44%

- Prevention: 38%
- Harm Reduction: 50%
- Relapse Prevention: 34%
- Recovery Support: 54%

Sought and Not Obtained – Average = 27%

- Prevention: 37%
- Harm Reduction: 21%
- Relapse Prevention: 25%
- Recovery Support: 23%

In-Person Substance Use Programs (N = 54; 39%)

- Prevention: 48%
- Harm Reduction: 59%
- Relapse Prevention: 69%

Virtual Substance Use Programs (N = 44; 32%)

- Prevention: 43%
- Harm Reduction: 43%
- Relapse Prevention: 64%
- Recovery Support: 59%

Average number of programs sought and not obtained = 1.0

Most Useful Technologies When Looking for Services

- Internet Search: 59%
- Phone Call: 49%
- Email: 44%
- Text: 34%
- Mobile App: 27%
- Other: 2%

Question: “What types of technology were most useful when looking for services over the past 12 months? (select all that apply)”

N = 601 Respondents
**Most Useful Organizations When Looking for Services**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Treatment Sites</td>
<td>64%</td>
</tr>
<tr>
<td>Friends or Family</td>
<td>50%</td>
</tr>
<tr>
<td>Treatment Hotlines</td>
<td>26%</td>
</tr>
<tr>
<td>Online Chat Rooms</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Question:** “Who or what type of organizations were most helpful when looking for services over the past 12 months? (select all that apply)”

N = 601 Respondents

**Duration and Effort Looking for Services**

**Duration (Weeks)**

- 1 day or less: 12%
- 2 to 6 days: 21%
- 1 week: 21%
- 2 to 3 weeks: 22%
- 4 weeks to 2 months: 12%
- 3 months or more: 13%

**Effort (Hours)**

- 1 hour or less: 14%
- 2 to 4 hours: 27%
- 5 to 9 hours: 25%
- 10 to 19 hours: 16%
- 20 to 39 hours: 9%
- 40 or more hours: 10%

**Q:** “As of today, how long have you spent actively looking for an appropriate service provider in the past 12 months?”

**Q:** “As of today, about how many total hours have you spent actively looking for an appropriate service provider in the past 12 months?”

N = 601 Respondents
Degree of Success in Finding Services

- **Yes**: 59%
- **No, but initial appointment scheduled**: 17%
- **No, but still looking**: 17%
- **No, have stopped looking**: 7%

Question: “Were you successful in finding an appropriate service provider for yourself [the other person] in the past 12 months where you have already had at least 1 service appointment?”

N = 601 Respondents

Why Stopped Looking for Services

- **Out of Energy**: 51%
- **Too Many Barriers**: 49%
- **Not Enough Progress**: 41%
- **Other**: 12%
- **Service Need Went Away**: 12%

Question: “Why did you stop looking? (select all that apply)”

N = 41 Respondents who have looked, not found services, and have stopped looking
**Wait Times to Receive Different Services**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>0 days</th>
<th>1 to 6 days</th>
<th>1 to 2 weeks</th>
<th>1 to 4 weeks</th>
<th>1 to &lt; 2 months</th>
<th>2 to &lt; 3 months</th>
<th>3 months or more</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>7%</td>
<td>11%</td>
<td>24%</td>
<td>24%</td>
<td>21%</td>
<td>16%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Therapist</td>
<td>10%</td>
<td>11%</td>
<td>25%</td>
<td>26%</td>
<td>21%</td>
<td>16%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Medications</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>9%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

6% to 8%

Question: “What was the total number of days between when you initially contacted a service provider and your scheduled appointment for each of the following services?”

N = 601 Respondents

---

**Behavioral Health Service Barriers**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Cost Too Much</td>
<td>3.01</td>
</tr>
<tr>
<td>Wait Time to Receive Services</td>
<td>2.92</td>
</tr>
<tr>
<td>Insurance Not Adequately Covered Costs</td>
<td>2.86</td>
</tr>
<tr>
<td>Basic Needs Higher Priority</td>
<td>2.86</td>
</tr>
<tr>
<td>Inconvenient Provider Location</td>
<td>2.77</td>
</tr>
<tr>
<td>Providers Not Accepting New Clients</td>
<td>2.67</td>
</tr>
<tr>
<td>Restriction of Service Hours</td>
<td>1.64</td>
</tr>
<tr>
<td>COVID-Related Issues</td>
<td>2.54</td>
</tr>
<tr>
<td>Fear Others Might Think</td>
<td>2.52</td>
</tr>
<tr>
<td>Inadequate Help from Friends and Family</td>
<td>2.50</td>
</tr>
<tr>
<td>Scared To Admit Need For Help</td>
<td>2.49</td>
</tr>
<tr>
<td>No Provider Who Understand Me</td>
<td>2.48</td>
</tr>
<tr>
<td>Do Not Like Service Options</td>
<td>2.46</td>
</tr>
<tr>
<td>No Remote Services Options</td>
<td>2.35</td>
</tr>
<tr>
<td>Provider Not Understand My Culture</td>
<td>2.35</td>
</tr>
<tr>
<td>Would Feel Worse About Self</td>
<td>2.30</td>
</tr>
<tr>
<td>No Providers Who Speak My Language</td>
<td>2.21</td>
</tr>
<tr>
<td>No Providers Who Look Like Me</td>
<td>2.17</td>
</tr>
</tbody>
</table>

Question: “How large were the following potential barriers experienced when seeking needed mental health or substance use services for yourself over the past 12 months?”

N = 601 Respondents who have looked for mental health services over the past 12 months
Impact of COVID19 on Behavioral Health

Question: “How big an impact has the COVID19 pandemic had on your mental health or substance use?”

N = 601 Respondents

COVID19 Impact Positive or Negative

Question: “Has the COVID19 impact been primarily positive or negative on your mental health or substance use?”

N = 549 Respondents who rated at least “Low Impact” on previous question.
Impact of COVID19 on Behavioral Health with Valence

N = 601 Respondents
Combines responses regarding the impact “level” and “positivity” of COVID10 on behavioral health.

Rating Scale
- 1 = Extremely high negative impact
- 5 = No impact at all
- 9 = Extremely high positive impact

Average = 3.68

Impact of COVID19 on Seeking Services

Question: “How has the COVID19 pandemic affected the difficulty of finding needed mental health or substance use services compared to pre-COVID times?”

N = 601 Respondents
Behavioral Health Barriers Needing to Be Addressed

Question: “Please indicate the potential barriers you believe need to be addressed most urgently to help people like you get needed substance use or mental health services for yourself [the other person]?”

N = 601 Respondents who have looked for mental health services over the past 12 months

The One Most Urgent Behavioral Health Service Barrier to Address

Question: “Of the mental health or substance use improvements you noted above, which one do you believe would have the biggest impact on helping you [the other person] to receive needed services (select one)?”

N = 601 Respondents who have looked for mental health services over the past 12 months
Appendix 8b: Survey Findings Detail – Key Metric Significant Differences by Group
BHNA Survey – Analysis of Group Differences
Behavioral Health Service Comparisons by Mental Health, Substance Use or Both
People seeking both **Mental Health and Substance Use** services spent **significantly more time and effort** looking for services compared to people looking for just one or the other.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric Value</th>
<th>Metric N</th>
<th>N = 601 Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully acquired services</td>
<td>59%</td>
<td>601</td>
<td></td>
</tr>
<tr>
<td>Days wait time to get services</td>
<td>19.0</td>
<td>560</td>
<td></td>
</tr>
<tr>
<td>Days looking for services</td>
<td>27.0</td>
<td>601</td>
<td></td>
</tr>
<tr>
<td>Looking 4+ weeks for services</td>
<td>24%</td>
<td>601</td>
<td></td>
</tr>
<tr>
<td>Hours looking for services</td>
<td>12.3</td>
<td>601</td>
<td></td>
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<tr>
<td>Looking 20+ hours for services</td>
<td>18%</td>
<td>601</td>
<td></td>
</tr>
</tbody>
</table>

**Significantly more positive than other group(s)**

**Significantly more negative than other group(s)**

<table>
<thead>
<tr>
<th>BH Type</th>
<th>N = 601 Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH Only</td>
<td>463</td>
</tr>
<tr>
<td>SUD Only</td>
<td>104</td>
</tr>
<tr>
<td>Both</td>
<td>34</td>
</tr>
</tbody>
</table>

“Significant” differences are with 95% confidence
People seeking both mental health and substance use service did not obtain some mental health services they sought at significantly higher rates than people seeking mental health services alone (i.e., friends and family in-person, support groups in-person, and a place to live temporarily with support).

“Significant” differences are with 95% confidence
Substance Use - Seeking and Not Obtaining Services

People seeking both mental health and substance use service did not obtain some substance use services they sought at significantly higher rates than people seeking substance use services alone (i.e., non-traditional services, substance use professionals in-person, and a place to live temporarily with support).

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric Value</th>
<th>Metric N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family In-Person</td>
<td>20%</td>
<td>74</td>
</tr>
<tr>
<td>Friends and Family Virtually</td>
<td>30%</td>
<td>71</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>40%</td>
<td>40</td>
</tr>
<tr>
<td>Substance Use Program In-Person</td>
<td>35%</td>
<td>54</td>
</tr>
<tr>
<td>Substance Use Program Virtually</td>
<td>25%</td>
<td>44</td>
</tr>
<tr>
<td>Substance Use Professional In-Person</td>
<td>38%</td>
<td>42</td>
</tr>
<tr>
<td>Substance Use Professional Virtually</td>
<td>37%</td>
<td>49</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>38%</td>
<td>39</td>
</tr>
<tr>
<td>Place to Live Temporarily with Support</td>
<td>50%</td>
<td>24</td>
</tr>
<tr>
<td>In-Patient Substance Use Facility</td>
<td>64%</td>
<td>22</td>
</tr>
</tbody>
</table>

“Significant” differences are with 95% confidence

Max N = 138 Respondents
People seeking substance use services only faced significantly larger barriers to receiving services in some areas, including insurance not adequately covering costs, fearing what others might think, and “providers not look like me”.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric Value</th>
<th>N = 601 Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Barrier Size</td>
<td>2.57</td>
<td>596</td>
</tr>
<tr>
<td>Services Cost Too Much</td>
<td>3.01</td>
<td>574</td>
</tr>
<tr>
<td>Wait Time to Receive Services</td>
<td>2.92</td>
<td>575</td>
</tr>
<tr>
<td>Insurance Not Adequately Cover Costs</td>
<td>2.86</td>
<td>567</td>
</tr>
<tr>
<td>Basic Needs Higher Priority</td>
<td>2.86</td>
<td>566</td>
</tr>
<tr>
<td>Inconvenient Provider Location</td>
<td>2.80</td>
<td>574</td>
</tr>
<tr>
<td>Providers Not Accepting New Clients</td>
<td>2.77</td>
<td>562</td>
</tr>
<tr>
<td>Restrictive Service Hours</td>
<td>2.67</td>
<td>574</td>
</tr>
<tr>
<td>COVID-Related Issues</td>
<td>2.63</td>
<td>568</td>
</tr>
<tr>
<td>Fear What Others Might Think</td>
<td>2.54</td>
<td>571</td>
</tr>
<tr>
<td>Inadequate Help from Friends and Family</td>
<td>2.52</td>
<td>554</td>
</tr>
<tr>
<td>Scared To Admit Need Help</td>
<td>2.50</td>
<td>576</td>
</tr>
<tr>
<td>No Provider Who Understand Me</td>
<td>2.49</td>
<td>563</td>
</tr>
<tr>
<td>Do Not Like Service Options</td>
<td>2.48</td>
<td>556</td>
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<tr>
<td>No Remote Service Options</td>
<td>2.46</td>
<td>559</td>
</tr>
<tr>
<td>Provider Not Understand My Culture</td>
<td>2.35</td>
<td>565</td>
</tr>
<tr>
<td>Would Feel Worse About Self</td>
<td>2.35</td>
<td>568</td>
</tr>
<tr>
<td>No Providers Look Like Me</td>
<td>2.30</td>
<td>535</td>
</tr>
<tr>
<td>No Interpreter Provided</td>
<td>2.21</td>
<td>518</td>
</tr>
<tr>
<td>No Providers Who Speak My Language</td>
<td>2.17</td>
<td>536</td>
</tr>
</tbody>
</table>

**Rating Scale**
- 5 = Extremely large barrier
- 4 = Large barrier
- 3 = Medium barrier
- 2 = Small barrier
- 1 = Not a barrier at all

“Significant” differences are with 95% confidence.
Mental Health Service Comparisons by Demographic and Other Groups
Mental Health Services: Time, Effort and Success in Acquiring Services

People experiencing the most negative outcomes across these metrics (1) are below the federal **poverty** line, (2) are **Black / African American**, (3) are **homeless** or have unstable housing, (4) have **no insurance**, and (5) have **Medicaid** insurance.

<table>
<thead>
<tr>
<th>Metric</th>
<th>View</th>
<th>Age Hlp</th>
<th>Age Category</th>
<th>Gender</th>
<th>Poverty</th>
<th>Race/Eth</th>
<th>Group</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully acquired services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days wait time to get services</td>
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<td></td>
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<tr>
<td>Days looking for services</td>
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<tr>
<td>Looking 4+ weeks for services</td>
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<td>Hours looking for services</td>
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<tr>
<td>Looking 20+ hours for services</td>
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</tr>
</tbody>
</table>

“Significant” differences are with 95% confidence
### Mental Health Services: Seeking and Not Obtaining

**Notable findings:** In-person therapist are hardest to find for people identifying as non-binary / other, people with no insurance, and people identifying as LGBTQ+

### Summary Table

<table>
<thead>
<tr>
<th>Metric</th>
<th>View</th>
<th>Age Hlp</th>
<th>Age Category</th>
<th>Gender</th>
<th>Poverty</th>
<th>Race/Eth</th>
<th>Group</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family In-Person</td>
<td>14%</td>
<td>301</td>
<td>15 to 17</td>
<td>Self</td>
<td>60%</td>
<td>Hispanic</td>
<td>23%</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Friends and Family Virtually</td>
<td>24%</td>
<td>216</td>
<td>18 to 24</td>
<td>Other</td>
<td>48%</td>
<td>White NH</td>
<td>57%</td>
<td>Medicare</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>40%</td>
<td>159</td>
<td>18 or Older</td>
<td>Female</td>
<td>34%</td>
<td>Black / AA</td>
<td>57%</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Support Group In-Person</td>
<td>47%</td>
<td>170</td>
<td>18 to 24</td>
<td>Male</td>
<td>34%</td>
<td>Hispanic</td>
<td>57%</td>
<td>Medicare</td>
</tr>
<tr>
<td>Support Group Virtually</td>
<td>39%</td>
<td>145</td>
<td>18 or Older</td>
<td>Non-Binary</td>
<td>34%</td>
<td>50%</td>
<td>White NH</td>
<td>57%</td>
</tr>
<tr>
<td>Professional Therapist In-Person</td>
<td>37%</td>
<td>235</td>
<td>15 to 17</td>
<td>Female</td>
<td>48%</td>
<td>Black / AA</td>
<td>57%</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Professional Therapist Virtually</td>
<td>35%</td>
<td>216</td>
<td>18 to 24</td>
<td>Male</td>
<td>34%</td>
<td>Hispanic</td>
<td>57%</td>
<td>Medicare</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>33%</td>
<td>168</td>
<td>18 or Older</td>
<td>Non-Binary</td>
<td>34%</td>
<td>50%</td>
<td>White NH</td>
<td>57%</td>
</tr>
<tr>
<td>Place to Live with Support</td>
<td>52%</td>
<td>56</td>
<td>15 to 17</td>
<td>Self</td>
<td>75%</td>
<td>Hispanic</td>
<td>0%</td>
<td>Private Ins</td>
</tr>
<tr>
<td>Place to Live Temporarily with Support</td>
<td>58%</td>
<td>50</td>
<td>18 to 24</td>
<td>Other</td>
<td>75%</td>
<td>Black / AA</td>
<td>0%</td>
<td>Private Ins</td>
</tr>
<tr>
<td>In-Patient Psychiatric Facility</td>
<td>58%</td>
<td>40</td>
<td>18 or Older</td>
<td>Female</td>
<td>75%</td>
<td>Hispanic</td>
<td>0%</td>
<td>Private Ins</td>
</tr>
</tbody>
</table>

**Max N = 497 Respondents**

"Significant" differences are with 95% confidence
People experiencing the largest barriers to receiving services (1) are **Black / African American**, (2) are **veterans**, (3) have a gender identity of **non-binary** or other, (4) people with a **variety of group identities**, (5) have **no insurance**, (6) are **male**, and (7) **ages 18 to 44**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric Value</th>
<th>Metric N</th>
<th>View</th>
<th>Age Hlg</th>
<th>Age Category</th>
<th>Gender</th>
<th>Poverty</th>
<th>Race/Eth</th>
<th>Group</th>
<th>Insurance</th>
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<tbody>
<tr>
<td>Average Barrier Size</td>
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<tr>
<td>Basic Needs Higher Priority</td>
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<td>Insurance Not Adequately Cover Costs</td>
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<td>Inconvenient Provider Location</td>
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<tr>
<td>Providers Not Accepting New Clients</td>
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<tr>
<td>Restrictive Service Hours</td>
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<tr>
<td>COVID-Related Issues</td>
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<tr>
<td>Inadequate Help from Friends and Family</td>
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<tr>
<td>No Provider Who Understand Me</td>
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<td>Scared To Admit Need Help</td>
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<tr>
<td>Do Not Like Service Options</td>
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<td>No Remote Service Options</td>
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<td>Provider Not Understand My Culture</td>
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<td>No Providers Look Like Me</td>
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<td>No Interpreter Provided</td>
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<tr>
<td>No Providers Who Speak My Language</td>
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</tr>
</tbody>
</table>

**“Significant” differences are with 95% confidence**

**Significant F test, but not significantly different from another specific comparison group.**

Max N = 497 Respondents
Substance Use Service Comparisons by Demographic and Other Groups
**Substance Use Services:**

**Time, Effort and Success in Acquiring Services**

People experiencing the most negative outcomes across these metrics (1) are **homeless** or have unstable housing, (2) have **no insurance**, (3) below the federal **poverty** line, and (4) **female**.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric Value</th>
<th>Metric N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully aquired services</td>
<td>52%</td>
<td>138</td>
</tr>
<tr>
<td>Days wait time to get services</td>
<td>20.11</td>
<td>128</td>
</tr>
<tr>
<td>Days looking for services</td>
<td>30.09</td>
<td>138</td>
</tr>
<tr>
<td>Looking 4+ weeks for services</td>
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<td>Hours looking for services</td>
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<tr>
<td>Looking 20+ hours for services</td>
<td>22%</td>
<td>138</td>
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</tbody>
</table>

“Significant” differences are with 95% confidence
### Substance Use Services: Seeking and Not Obtaining

**Notable findings:**
1. **youth under 18** have great difficulty accessing a variety of services even with others helping.
2. **Virtual harm reduction programs** are most difficult to access for people with a **variety of group identities** and people identifying as **Hispanic**.

#### Table: Notable Findings

<table>
<thead>
<tr>
<th>Metric and Group</th>
<th>View</th>
<th>Self</th>
<th>Other</th>
<th>Age Hip</th>
<th>Age Cat</th>
<th>Gender</th>
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<th>Race/Eth</th>
<th>Group Identity</th>
<th>Insurance</th>
<th>Max N</th>
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<tr>
<td>Friends and Family Virtually</td>
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<td>Non-Traditional</td>
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<td>Substance Use Program In-Person</td>
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<td>Substance Use Program Virtually</td>
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<tr>
<td>Substance Use Professional In-Person</td>
<td>38%</td>
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<td>Place to Live Temporarily with Support</td>
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<td>In-Patient Substance Use Facility</td>
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<td>In-Person Program Sought: Prevention</td>
<td>38%</td>
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<td>In-Person Program Sought: Harm Reduction</td>
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<td>In-Person Program Sought: Relapse Prevention</td>
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“Significant” differences are with 95% confidence.

**Max N = 138 Respondents**
Substance Use Services: Barriers to Acquiring Services

People experiencing the largest barriers to receiving services (1) are **veterans**, (2) have **Medicare** insurance, (3) are **Black / African American**, (4) have **no insurance**, (5) Identify as **LGBTQ+**, and (6) are **younger than 35 years old**.

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</tbody>
</table>

**Significantly more negative than other group(s)**

**Significantly more positive than other group(s)**

*Significant F test, but not significantly different from another specific comparison group.*

Max N = 138 Respondents
Appendix 9: Behavioral Health Administration Services Data

The project team obtained information on the number of people living in Denver who received behavioral health services between July 2020 and June 2022 (24 months) from the Colorado Behavioral Health Administration (BHA) within the Colorado Department of Human Services (CDHS). Below is a summary of findings from analyzing these data. The timeframe used for the findings below was FY2022 (July 1, 2021 through June 30, 2022) unless otherwise noted:

- These data are from 2 primary sources:
  - CCAR (Colorado Client Assessment Record): CCARs must be completed for all publicly funded clients whose services are paid for with any amount of public funds. Public funds include BHA Funds, Medicaid Capitation, Medicaid Fee for Services, Medicare, any local funds that do not fully cover the cost of care and/or is subsidized by BHA funds, any other State funds from other Departments such as Department of Corrections, DYC, Child Welfare/Counties Child Welfare, Division of Vocational Rehabilitation and CHP+
  - DACODS (Drug and Alcohol Coordinated Data Set): Includes anyone receiving assessment, treatment, or detoxification services by a BHA licensed program, including commercial insurance payers. State law requires all SUD programs to be licensed by BHA.

- There were 24,003 people living in Denver who were provided some type of behavioral health services as defined above. This was a decrease of 913 people provided services compared to the previous fiscal year (3.7% decline).

- The breakdown of people receiving some type of behavioral health service by behavioral health type was:
  - 68% - Mental health services only
  - 27% - Substance use services only
  - 5% - Both mental health and substance use services

- The gender, race, ethnicity and age demographics of people living in Denver receiving behavioral health services were somewhat similar to the overall Denver population with the following largest differences – People identifying as
  - Black (15% vs 10% for Denver population)
  - Asian (1% vs 4% for Denver population)
  - Hispanic (21% vs 29% for Denver population)
  - 65+ Years (5% vs 12% for Denver population)

- For mental health services, the primary Diagnostic and Statistical Manual (DSM-V – American Psychiatric Association) service types delivered were
  - Adult serious mental illness (SMI) (45%)
  - Adult severe, persistent mental illness (SPMI) (18%)
  - Adult non-SPMI, non-SMI (18%)
  - Child / adolescent severe emotional disturbance (SED) (11%)
  - Child / adolescent non-SED (8%)

- For substance use services, the primary DSM service types delivered were
  - Dependence (54%)
  - Abuse (23%)
  - Use (13%)
Using the BHA-supplied data the project team obtained an independent estimate of the total number of people living in Denver who received some type of behavioral health services within a recent 12-month period. According to the most recent US Census American Community Survey in 2021, about 33% of people in Colorado have some form of “public health care insurance” which roughly corresponds to the types of people represented in the BHA data described above. If that percentage is used as an estimate for the percent of people living in Denver using public health insurance to pay for behavioral health services, that would suggest about 72,736 people in Denver received some type of behavioral health services (i.e., 24,003 / .33 = 72,736) in FY2022. This number is lower than the estimated number of people in Denver receiving behavioral health services noted in the findings section of the main report (about 126,000) using different data sources and calculations.
## Appendix 10: Mapping of Recommendations to Findings

### Mapping of Recommendations to Project Findings

<table>
<thead>
<tr>
<th>ID</th>
<th>Finding</th>
<th>Recommendation</th>
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<tr>
<td></td>
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<tr>
<td></td>
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<td>Engage Critical BH Service Stakeholders</td>
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<tr>
<td></td>
<td><strong>Denver Community Behavioral Health Service Needs</strong></td>
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<tr>
<td>SN1</td>
<td>Accessing Behavioral Health Services is Difficult</td>
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<tr>
<td>SN2</td>
<td>COVID19 Has Negatively Impacted Behavioral Health and Service Access</td>
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<td>SN3</td>
<td>Financial, Timing and Convenience Factors Are the Most Urgent Barriers to Address to Improve Access to Needed Behavioral Health Service</td>
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<td>SN4</td>
<td>Behavioral Health Service Access Issues are Significantly Higher for Some Groups</td>
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<td><strong>Denver Behavioral Health Service Provider Capacity and Capability</strong></td>
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<tr>
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<td>There is a Very High Demand for Behavioral Health Services that Providers Cannot Meet</td>
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<tr>
<td>CC2</td>
<td>Workforce Recruiting, Burnout, and Retention Challenges Have a Negative Impact on Provider Service Capacity</td>
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<tr>
<td>CC3</td>
<td>Providers Have High Workforce Training Needs</td>
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<tr>
<td>CC4</td>
<td>Inadequate Provider Technology Limits Delivery of Services</td>
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<td>CC5</td>
<td>There are Limited Funding Sources Available for Smaller Providers</td>
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<tr>
<td>CC6</td>
<td>Low Workforce Diversity Limits Ability to Meet Some Community Needs</td>
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<td><strong>Sum of X's</strong></td>
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