



At Mental Health Center of Denver, Opening the ‘Digital Front Door’



It took just one day in March for staff at the Mental Health Center of Denver (MHCD) to shift their day-to-day work with patients from in-person to online. It was an abrupt change for an organization that had provided behavioral health services in schools, community sites, and homes across the Denver metro area.

By August 2020, telehealth services via telephone and video had become routine. The organization had adopted platforms, reassigned staff, worked out financial details with health care payers, and begun planning to offer services remotely through at least October 2020.

But as MHCD’s staff look toward a future in which telehealth is a bigger part of mental health care, a new set of challenges has emerged.

Not everyone has the devices or internet bandwidth necessary to access care; even some MHCD staff do not have the technology to work from home. Serving people with some conditions is particularly challenging remotely. Others don’t have a private space to freely discuss personal issues or care. And some long-term patients are struggling with the loss of a familiar place to receive care.

After a hectic start, “we’re beginning to uncover those next-level gaps,” said Wes Williams, MHCD’s Chief Information Officer and Vice President.



The world will never be the same. At first, it seemed insurmountable. But as we move down the road, (telehealth) will be more and more valuable.”

Will Latimer, MHCD Director of Clinical Services

Going Online

MHCD’s buildings were the hubs of its activity — and the site of more than 90% of its services — before the COVID-19 pandemic. That changed on March 16, when nearly all services went online. The state and city issued stay-at-home orders soon after.

MHCD’s providers adopted Microsoft Teams and Zoom platforms for video appointments rather than more costly specialized platforms. The organization used the savings to accelerate the development of a new app that aims to be a “digital front door,” linking patients to all MHCD’s services and appointments.

Providers also began offering visits on the phone, which Medicaid, Medicare, and other health care payers were reimbursing for the first time as the result of a temporary emergency rule that expanded telehealth coverage.

“We are a home for people, and people feel really safe coming here,” said Kelsey Boothe, Lead Front Office Manager and Administrative Program Manager at MHCD. She said people were relieved when they learned the clinic was still offering appointments despite the pandemic, even if they were online.

Patient visits dropped in the spring, but by August MHCD was serving nearly as many patients as before the pandemic. While the organization has had to adjust the duties of some of its 900 employees, it has avoided layoffs and furloughs.

Opening Some Doors, Shutting Others

Some patients previously had to spend hours on the bus to get to appointments. Others had agoraphobia — an anxiety disorder that can involve being reluctant to leave one’s home — or physical health issues that made it difficult to access care. Telehealth was a welcome alternative to an in-person visit.

For others, telehealth was a challenge: “[Telehealth] requires having some technology at home, tech literacy, and patience,” said Raquel Tarantino, an Outpatient Therapist at MHCD.

In many cases, “people do not have the financial resources to make [computers and internet access] a priority in the household,” said Jennifer Short, an Electronic Health Records Manager at MHCD.

MHCD created several kiosks in the lobbies of its buildings where people could go for a video appointment if they could not do so at home. The organization purchased a set of portable devices that provide internet access to patients who need it and is paying the monthly data charges. It is also repurposing donated devices, including laptops and tablets, for patients to use.

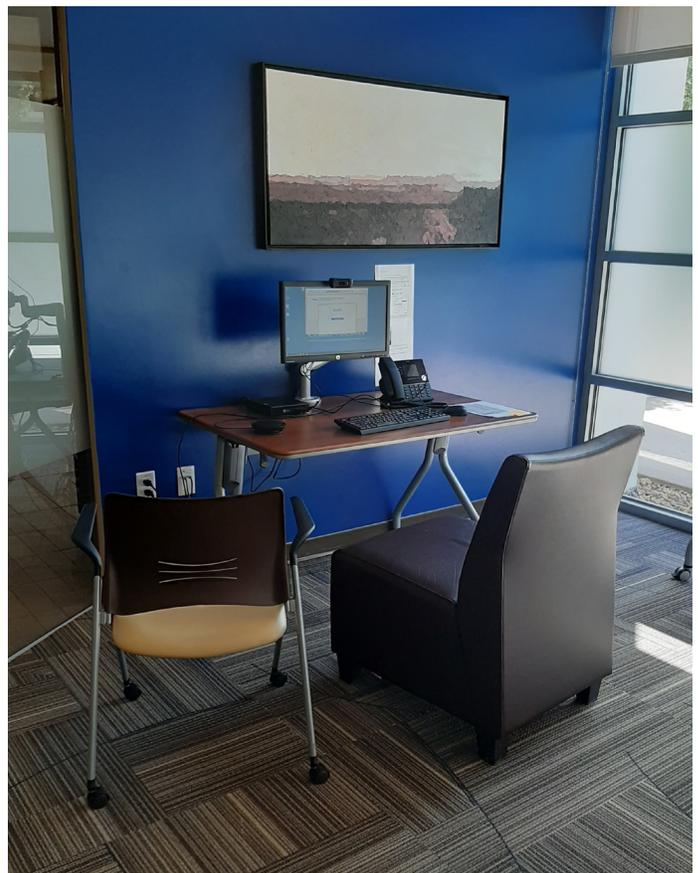
But access to technology isn’t the only barrier. Video presents extra challenges. “When it’s just phone, I’d say telehealth improves access to care,” said Will Latimer, MHCD’s Director of Clinical Services. But “in the beginning of working remotely with telehealth video, there was a lot of resistance from people we served. As they get used to it, there is less resistance.” As of August, about 70% of MHCD’s visits are audio, compared with 30% on video.

Some behavioral health conditions can make the steps required to set up video software extremely challenging. Other people are wary of technology or don’t like being watched on video. And having a private space to discuss health issues is a privilege not available to people living in crowded homes.

MHCD staff are still trying to encourage people to use video programs where possible — it is unclear whether insurers will continue covering telephone visits after the COVID-19 emergency ends, and for some types of care, providers feel video is more effective.

What’s Missing?

Access for patients wasn’t the only change brought by the pandemic. Social workers have had to figure out how to connect patients with clinical and social services remotely or without having them come into the office. Providers have had to adjust to eight-hour days of video calls, which can be more exhausting than in-person care. Administrative staff and providers have had to send links to video visits manually, figure out how to get documents



During the COVID-19 pandemic, the Mental Health Center of Denver set up kiosks where people can access care if they don’t have a space or technology to do so from their homes.

signed remotely, and navigate myriad technical and logistical barriers. MHCD also redeployed case workers to deliver medications and food directly to patients’ homes.

As restrictions related to the pandemic evolve, MHCD’s policies also are likely to change. Some people will prefer to be seen in person, and some providers will determine that patients need in-person care. MHCD is planning to set up procedures for how and when to restart in-person care. A few facilities, including a resource center, have already reopened. But even as in-person services return, MHCD staff are optimistic that telehealth will add to their ability to serve patients in the long term.

“The world will never be the same,” Latimer said. “At first, it seemed insurmountable. But as we move down the road, it will be more and more valuable.” ■



This research was conducted in collaboration with the Colorado Office of eHealth Innovation (OeHI) and the Colorado eHealth Commission, in support of the Colorado Health Information Technology (IT) Roadmap. OeHI is responsible for defining, maintaining, and evolving Colorado’s Health IT strategy concerning care coordination, data access, health care integration, payment reform, and care delivery. To ensure that OeHI and the eHealth Commission create a strategy that reflects the wants and needs of Coloradans, they have created the Health IT Roadmap, which defines strategic initiatives to close the gaps in health care for patients and providers. This research was conducted in support of several Roadmap initiatives, including Initiative #16 to expand access to broadband and virtual care.