



**Colorado Commission on Criminal and Juvenile Justice**

**Minutes**

**SPECIAL MEETING TO DISCUSS BHA**

April 30, 2021 / 3:00pm-4:30pm  
Virtual Meeting

**Commission Member Attendance**

Stan Hilkey, Chair – ABSENT	Serena Gonzales-Gutierrez - ABSENT	Angie Paccione - ABSENT
Abigail Tucker, Vice Chair	Kristen Hilkey – ABSENT	Tom Raynes – ABSENT
Terri Carver – ABSENT	Nancy Jackson	Megan Ring – ABSENT
Minna Castillo-Cohen – ABSENT	Jessica Jones – ABSENT	Michael Rourke – ABSENT
Shawn Day – ABSENT	Bill Kilpatrick -ABSENT	Gretchen Russo
Janet Drake – ABSENT	Rick Kornfeld – ABSENT	Jennifer Stith
Valarie Finks – ABSENT	Matt Lewis – ABSENT	Glenn Tapia – ABSENT
Bob Gardner – ABSENT	Andrew Matson	Anne Tapp
Priscilla Gartner – ABSENT	Greg Mauro – ABSENT	Dean Williams – ABSENT
Julie Gonzales – ABSENT	Patrick Murphy - ABSENT	Joe Thome, <i>ex officio</i>

Substitutes: Phil Weiser for Janet Drake, AG’s Office; Brad Uyemura for Angie Paccione

Guests: Michelle Barnes, CDHS; Summer Gathercole, CDHS; Gina Lasky, HMA; Shane Mofford, HMA; Cristen Bates, HCPF

**Call to Order and Opening Remarks**

**Dr. Abigail Tucker, CCJJ Vice Chair, representing Mental Health Treatment Providers**

Dr. Tucker called the special meeting to order at 3:00 pm and thanked Commissioners and members from the public for attending. Dr. Tucker acknowledged the attendance of Mr. Weiser from the Attorney’s General Office and Ms. Barnes from the Colorado Department of Human Services (CDHS). This special meeting was scheduled to hear a presentation regarding the new Behavioral Health Administration (BHA), an effort currently housed in CDHS to streamline and consolidate behavioral health funding and initiatives under the new agency. Ms. Lasky and Mr. Mofford, consultants from Health Management Associates (HMA), along with Ms. Gathercole, CDHS presented an overview, discussed the functions of the new BHA and solicited feedback from attendees.

**Presentation: Behavioral Health Administration (BHA) – Change Management**

Summer Gathercole (CDHS), Gina Lasky (HMA), Shane Mofford (HMA)

Below are highlights from the presentation.

- On April 8, 2019, Gov. Jared Polis directed the Colorado Department of Human Services to spearhead Colorado’s Behavioral Health Task Force. The mission of the Task Force was to evaluate and develop a roadmap to improve the current statewide behavioral health system. In September 2020, the task force released its Blueprint, as well as several other documents, that outline the vision for reform.

- According to HMA findings, Colorado’s behavioral health (BH) system is fragmented and siloed. Upon study, the following issues emerged:
  - It is difficult for consumers and families to access services and navigate the system
  - No comprehensive planning is undertaken
  - There is a diffusion of responsibility by those in charge resulting in minimal accountability
  - Once individuals get access to services, they often experience “the run-around”
  - Service delivery is not timely
- The need for the BHA: One of the BH Task Force recommendations was to create a new Behavioral Health Administration (BHA). The BHA will align, coordinate, and/or integrate state mental health and substance use programs and funding under one government entity, streamlining access to services for Coloradans and reducing bureaucracy for providers.
- The goals for the BHA:
  - Create a vision for Behavioral Health
  - Prioritize services, programs, innovation
  - Maximize funding
  - Streamline data and accountability
  - Address workforce needs
  - Reduce the administrative burden
- Health Management Associates (HMA) is a Colorado-based consulting and research firm that is providing the technical work required to understand the behavioral health services and programs in Colorado and will create potential solutions models for the BHA. These solutions alternative structural models will be informed by stakeholders and then presented to the Governor’s Office for decisions regarding the structure and functions of the BHA. Once a decision is made, HMA will work on a detailed implementation plan in partnership with state agencies and key stakeholders. HMA will engage stakeholders throughout the process with a specific focus on state departments, counties/local governments, providers, grantees and contractors of behavioral health activities, and individuals and families impacted by behavioral health.<sup>1</sup>
- Timeline
  - January 2021. HMA Project launch: Project definition, change management and communication development
  - February 2021. Department engagement: Meeting with executive branch department staff
  - March 2021. Technical research: Targeted stakeholder and department engagement, research, and technical review
  - April 2021. Solution development: Stakeholder engagement on potential solutions, presentations to the Executive Committee of the Behavioral Health Reform Task Force and the Governor’s Office
  - Summer 2021. Implementation Plan: Develop formal implementation plan
- Functions of BHA
  - Owns BH problems and solutions
  - Plans, strategizes, assesses and monitors needs
  - Resource allocation
  - Quality assurance, data collection, analysis and transparent reporting

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<sup>1</sup> Additional materials and information can be found at, [cdhs.colorado.gov/about-cdhs/featured-initiatives/behavioral-health-reform/change-management](https://cdhs.colorado.gov/about-cdhs/featured-initiatives/behavioral-health-reform/change-management)

- Licensure
- Promulgate BH policy
- Interagency coordination and collaboration
- Stakeholder engagement with consumers and communities
- Technical assistance
- Effective Accountability
  - The BHA needs to be accountable for the totality of the BH continuum (prevention, treatment, recovery in both the health and human services systems) provided to the public and commercial payors.
  - Some elements of the system will remain outside of the BHA's direct control but will be within its sphere of collaborative relationships (e.g., Medicaid, commercial insurance).
  - The BHA must be able to impact services that are being purchased by other parts of Colorado's government.
  - As such, the BHA will need authority that does not come from directly controlling dollars or operations.
  - The authority of the BHA must be balanced with other parts of government (Governor's authority, legislative authority and state department authority).
- Potential Decision Points – **BHA Location**
  - Option 1: In CDHS with community based BH treatment and intervention services program portfolio
    - Pros: Maintains the status quo with programs
    - Cons: Maintains the status quo and may create confusion about authority of the BHA within the executive branch, or result in long-term diminishment of the role of the BHA
  - Option 2: In HCPF with community based BH treatment and intervention services program
    - Pros: Integration of BH healthcare and BH human services
    - Cons: Fundamentally different roles filled by one agency and the culture and operations problems that creates
  - Option 3: Outside of state agencies:
    - Pros: Independence, accountability, and no territory to protect that might distract it from its core mission; requires delegated authority
    - Cons: Too much focus on policy could lead to solutions being disconnected from operational realities and may risk BHA removal.
- Role of BHA with criminal justice partners
  - Support and build on existing collaboration to improve the relationship and connection between criminal justice entities and behavioral health entities
  - Incorporate priorities of criminal justice partners in improving BH assessment, treatment and services for justice involved individuals
  - Expand BH provider understanding Risk-Need-Responsivity (RNR), criminogenic needs, and treatment of individuals involved in justice system
  - Data interoperability to support data sharing across the justice-involved continuum of care; ensure data follow the person to support improved care and reduce the burden on individuals

## DISCUSSION

Ms. Lasky indicated that the HMA and CDHS continue to engage stakeholders and receive feedback on the proposed models. The Behavior Health Executive Committee should decide on a location (see above, Options 1 through 3) this spring and adopt an implementation plan in the summer of 2021.

CCJJ Commissioner Jennifer Stith explained that the agency she represents supports adults who were sexually abused as children. This population has mental health needs but many do not receive the level of services they require. How will the BHA ensure that those victims are connected to the appropriate services?

*One of the primary goals for the BHA is to become the single point of entry for individuals and families who need assistance and connect them with the appropriate behavioral health services.*

What would be the role of the BHA in setting licensure and designation standards?

*Discussions between the CDHS and CDPHE are still ongoing about the role of the BHA in setting licensure and designation standards. The BHA will maintain quality oversight and standards for service providers who receive public funds.*

One of the biggest challenges of behavioral and mental health is the access of care and the stigmas that prevent people to get into programs. How the BHA will overcome those stigmas?

*The BHA will be the single point of entry to help individuals navigate through the behavioral health system and ensure access to a continuum of services. The BHA will also have an advocacy role to identify and address the gaps that prevent the delivery of services. For example, if a service provider denies services because of a lack of expertise, the BHA will either identify another provider or assist in providing the necessary training for the provider. The goals are to normalize conversation around behavioral health and to expand and improve the BH workforce.*

The criminal justice system has put forth significant effort to develop a competent, informed workforce to provide behavioral health services for justice-involved individuals. How will the intercept of justice and BHA work?

*The intent is to create a direct connection and build a bridge between the BHA and experts in the criminal justice system. The expertise in the criminal justice system will remain at current locations, and behavioral health programs will operate the same way as they are today. It is envisioned that the BHA will include a team of individuals who will specifically handle criminal justice issues and support providers servicing justice-involved individuals. The BHA should be used as a resource to coordinate services and close gaps.*

Some sex offenders have substance abuse issues but are denied services because of their offenses. What will the BHA do in that situation?

*One of the primary goals for the BHA is to identify and address gaps, especially when individuals are not receiving the services they need. In this instance, the BHA will help navigate and coordinate services. It will be the role of the BHA to address such gaps and be accountable for solutions.*

With no further questions and no further business, Dr. Tucker thanked Commissioners and members of the public for participating and adjourned the meeting at 4:36 pm.