



Plan for the Creation of the Behavioral Health Administration

November 1, 2021

COLORADO
Department of Human Services

November 1, 2021

To: The Colorado Joint Budget Committee; The Public & Behavioral Health and Human Services Committee of the Colorado House of Representatives; The Health & Human Services Committee of the Senate

From: Behavioral Health Reform Executive Committee Members: Lt. Governor Primavera; CDHS Executive Director Barnes; HCPF Executive Director Bimestefer; DOI Commissioner Conway; Douglas Deputy County Manager Drake; CDPHE Executive Director Ryan

We need a behavioral health system that delivers better outcomes for Coloradans. Hundreds of courageous Coloradans from across the State described their experiences with the current system over the past two and a half years. Consumers and their loved ones shared their stories. Nearly everyone expressed frustration at how challenging it is to access timely care.

House Bill 21-1097 charged the Colorado Department of Human Services, in collaboration with the Colorado Department of Healthcare Policy & Financing, the Division of Insurance, and the Colorado Department of Public Health & Environment to create a Behavioral Health Administration (BHA). Through the implementation of a myriad of strategies, establishing the BHA will result in the realization of our statewide vision to ensure Coloradans have timely access to high quality and affordable behavioral health services. The BHA will be charged with ensuring that the behavioral health system is highly functional, transparent, and accountable.

People and equity are the cornerstone of the BHA. As we establish the BHA in the coming years, we will always look towards our North star: doing what is best for Coloradans. We are committed to working together and are excited to share this plan that proposes the steps to take to ensure Coloradans thrive in their communities.

Sincerely,

Lt. Governor Dianne Primavera

Michelle Barnes

Jill Hunsaker Ryan

Kim Bimestefer

Barbara Drake

Michael Conway

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Note: There have been conversations about whether the terms "consumer" or "person/people" should be used when referencing an individual who is in need of or using services. A consumer often means a person who is currently receiving or formerly received behavioral health services and who self-identifies as a person living in recovery with a mental illness and/or substance use disorder. Many individuals choose to identify with a variety of titles, including patient, consumer, and survivor. Not everyone will identify with one of these titles or see themselves or a loved one as a person in need of support. We have used "consumer" throughout this report, and that includes "people with lived experience," "people in need of services," "clients," and "consumers."

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Executive Summary

The Behavioral Health Administration (BHA) is an extraordinary step toward reforming Colorado's behavioral health system. It will result in all stakeholders working together differently by intentionally coordinating, aligning, and integrating efforts to get people affordable access to the services they need.

The BHA will be empowered to lead change, to publicly hold itself and its stakeholders accountable, and to take advantage of every opportunity to ensure Coloradans feel a sense of improved quality of life when they intersect with our system. It will be instrumental in achieving the vision to have a comprehensive, equitable, affordable, effective continuum of behavioral health services that meet the needs of all Coloradans in the right place, at the right time, to achieve whole person health and wellbeing.

Though the impact of the BHA will be quickly evident, the BHA will evolve over multiple years with core functions being added over time and full capacity being achieved in 2024. The BHA will require ongoing iteration and refinement as it addresses the priorities in the Blueprint for Behavioral Health Reform, identifies new and emerging behavioral health challenges to tackle, and invests in evidence-based practices to achieve positive outcomes for Coloradans.

As envisioned, the BHA will:

- Provide **ongoing system needs assessment** and planning;
- Be the single entity that is **responsible for driving coordination and collaboration across State agencies** to address behavioral health needs;
- Support a statewide approach to behavioral health, with the BHA working collaboratively to **set standards that are adopted across State agencies and in both the public and private sector**;
- **Implement a standard methodology** to be used across all State agencies and programs to collect and analyze data;
- **Support and work collaboratively with the Colorado Department of Healthcare Policy and Financing (HCPF)** on management of a single fiscal management system to account for all publicly funded services while providing transparent reports, dashboards, and insights to the legislature and stakeholders;
- **Support and work collaboratively with the Colorado Division of Insurance (DOI)** on mental health parity enforcement and compliance;
- Prioritize, invest in, and **implement preventive strategies, in collaboration with the Colorado Department of Public Health and Environment (CDPHE)**, that mitigate escalation and help Coloradans thrive;
- **Set standards** for behavioral health services and programs;
- **Develop a Master Contract** for use by all State agencies when procuring services and supports related to behavioral health;
- Serve as a subject matter expert (SME), **informing best practice expectations** for entities with responsibility for behavioral health benefits, in collaboration with HCPF and DOI;

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- **Assist Coloradans** in accessing services, identifying providers, and understanding processes such as commitment procedures via a web-based public, centralized gateway;
- **Engage counties and local governments** in consistent strategic planning and shared funding efforts to address regional and community needs, recognizing that rural Colorado has distinct behavioral health needs;
- **Support consumers,** regardless of payer, when traditional grievance processes fail to bring individual or systemic resolution;
- Address and ensure the behavioral health system is **inclusive and equitable for all populations across all regions** of the State;
- **Identify and address affordability opportunities** to make behavioral health services more accessible;
- Facilitate a **statewide behavioral health financing strategy** and policy;
- Provide **transparency and accountability** for behavioral health system expenditures and performance; and ultimately
- Be a **problem solver** with all partners to ensure the needs of Coloradans are put first.

The BHA will work closely with CDHS, HCPF, DOI, CDPHE, the Office of eHealth Innovation (OeHI), the Judicial Branch, and all stakeholders to integrate whole person care and equity into all its work.

Governance & Structure

The BHA governance structure is designed to ensure that the best decisions are made for the people who need services. It seeks to continuously improve the performance of the behavioral health system with input from stakeholders and will work closely with all branches of government.

As a member of the Governor's cabinet, the Commissioner of the BHA will have the full authority to lead and develop the State's vision, strategy, and implementation of behavioral health-related policy and programming in collaboration with State agencies. The Commissioner will work closely with their peers within the Cabinet, as well as with the leadership in the Judicial and Legislative Branches.

The Commissioner will oversee staff who will set standards for the behavioral health system, address access to care and system fragmentation issues, and publish transparent data reports.

The Commissioner will ensure strong relationships and ongoing collaboration with and between State agencies, providers, counties, Tribal Nations, and stakeholders, as well as embrace equity and inclusion.

An Advisory Council composed of members representing rural communities, children and youth, criminal justice, local government, Tribal Nations, consumers and families, providers, intermediaries, and others will ensure ongoing stakeholder input and involvement. The Advisory Council provides a public and transparent manner for the system to be accountable to Coloradans. The Advisory Council will have standing and ad hoc workgroups to allow for a more narrow focus on specific issues or

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populations. The workgroups will make recommendations, develop solutions, and share diverse perspectives. The BHA Commissioner will work with the Governor's office to establish the workgroups to address the various behavioral health needs in Colorado and update the workgroups as needed to align with the state-wide strategy for behavioral health.

Program Alignment

After closely analyzing more than 120 behavioral health programs, it was determined that some programs should be realigned between the BHA and other agencies to maximize expertise, leverage resources, and create efficiencies. For example, by transitioning the Office of Behavioral Health's (OBH) prevention programs to CDPHE, there is an opportunity for leveraging expertise in primary prevention, as well as braiding funding to result in a greater impact in communities. There are benefits to moving the Behavioral Health Entity (BHE) licensing authority from CDPHE to the BHA through joint legislative action. An Interagency Agreement between the BHA and CDPHE will allow for the proper and necessary involvement of CDPHE to complete activities such as inspection of 24-Hour/Overnight BHE facilities.

The Community Behavioral Health (CBH) division within CDHS' OBH is already doing some of the expected functions of the BHA. The BHA will leverage that expertise and it is recommended that most of CBH be integrated into the BHA. The Mental Health Institutes should be strongly aligned with the BHA but remain separate in CDHS. The Institutes are large State-operated facilities, and the expertise required to effectively support their operation resides in CDHS. Forensic Services will remain with the Institutes at least until the 2019 Consent Decree with Disability Law Colorado regarding competency restoration is complete in 2025, at which time an assessment will determine next steps. The majority of the programs under Forensic Services rely significantly on the community-based behavioral health system and resources to transition individuals to receive services in the least restrictive setting.

There are potential opportunities for other program alignment -- both with other State agencies and the Judicial Branch; however, more time is needed to analyze and determine what will be best for Coloradans who need access to those programs.

Partnerships & Collaboration

A critical area of cross-agency collaboration will be the BHA relationship with Health Care Policy and Financing (HCPF) as the single State agency responsible for Medicaid and the Children's Health Insurance Program (CHP), and the Division of Insurance (DOI) at the Department of Regulatory Agencies (DORA) as the regulator of private insurance. There is unwavering commitment from both agencies to align and fully engage as part of the BHA. HCPF's and DOI's roles and responsibilities in relation to the BHA are institutionalized through three mechanisms: 1) anticipated BHA enabling legislation, which will detail the roles and responsibilities of the BHA and the requirements for State agencies; 2) formal interagency agreements; and 3) partners in the BHA's governance structure.

The BHA presents an important opportunity to improve interagency coordination and drive return on investment through increased federal Medicaid match, a reduction in duplicate payments, and a more efficient use of State resources.

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The BHA will collaborate with HCPF in the following ways:

- Partner on ongoing assessment of population needs, service gaps, and identification of opportunities for new programming within the continuum;
- Support expansion of the behavioral health network, including the Medicaid provider network, and provide training and capacity development of the workforce to enhance quality of care;
- Identify opportunities to maximize federal dollars through Medicaid;
- Report on access and quality across payers and provide data on provider quality metrics, access to care, and additional performance management of behavioral health;
- Work together on the enhancement of a single fiscal management system, to account for all publicly funded services, and a systemic approach to collecting, reporting and analyzing data while leveraging the existing All-Payer Claims Database (APCD) under the governance of HCPF to provide insights across the State's entire behavioral system;
- Leverage and align with Colorado's Health IT Roadmap initiatives, investments, and projects to support data, reporting, and information needs;
- Coordinate on population-specific programs, such as child welfare and crisis services, while collaborating with the Department of Local Affairs (DOLA) and other agencies to address homelessness;
- Complete Phase II of the Prescriber Tool, which will connect providers and communities to available social determinant of health services and support;
- Collaborate with other agencies and stakeholders to craft and administer a Master Contract that governs more consistent utilization review, access, performance, and accountability standards;
- Build State expertise on each agency and federal policy as it applies to Medicaid and CDHS via cross-agency education;
- Jointly partner with other agencies to provide information, education and explanation to individuals, communities, and providers about the limitations of federal dollars.

Working together, HCPF and the BHA will ensure children and families get increased access to timely, quality services across all payers and inclusive of the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program. EPSDT is a federal Medicaid policy with the goal of assuring that individuals under the age of 21 get the health care they need when they need it—the right care to the right child or youth, at the right time, and in the right setting. HCPF will continue to ensure compliance with and oversee EPSDT standards and practices. The BHA will collaborate with HCPF to ensure that eligible children and youth have access to medically necessary screening, diagnostic, treatment, and services afforded under EPSDT, including continuing to develop policies to support an adequate provider network for children.

CDHS, DOI, and HCPF are unwavering in their commitment to being active, accountable participants in the work of the BHA. All State agencies with behavioral health programs will be central partners to the BHA and will have specific roles and responsibilities such as data sharing, solution generation, and shared accountability. This includes engaging with the BHA on the establishment of Master Contracts for

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State programs and services, standard setting, and adherence to those standards. Both HCPF and DOI will have these roles as well, with additional responsibilities. HCPF and DOI will share grievance data and information on gaps in care with the BHA to work on solution generation; work collectively on standard setting, particularly for managed care; and coordinate behavioral health benefits.

CDPHE is an important partner, too. The BHA will oversee the entire continuum of services—including primary prevention to secondary prevention or intervention, and tertiary prevention which includes treatment and recovery. As the lead agency for prevention, CDPHE is dedicated to continued collaboration across agencies and committed to working with the BHA.

The BHA will work with OeHI, the State's designated health information technology entity, for strategy and policy to ensure health IT investments, policy, and infrastructure are leveraged and aligned with the State's strategy outlined in the 2021 Colorado Health IT Roadmap. This work relies on key State and community partners such as Colorado's Health Information and Social Health Information Exchanges and the Office of Information Technology to implement and operationalize the technical work streams.

The BHA will expand ongoing formal partnerships with all other State agencies that have programs or funding for behavioral health prevention, treatment, and recovery services. This includes but is not limited to:

- The Department of Corrections (DOC), with a focus on access to screening and quality services during incarceration and coordinated re-entry and outpatient care;
- The Department of Higher Education (CDHE), focused on crisis services, student health, and workforce development;
- The Department of Labor and Employment (CDLE) and the Colorado Workforce Development Council (CWDC), with a focus on access to employment opportunity, workforce development and training, and services via their Division of Vocational Rehabilitation;
- The Department of Local Affairs, with a focus on supporting local governments with housing supports, homeless outreach, and mental health of peace officers;
- The Department of Human Services Offices of Child Youth and Family, Early Childhood, Economic Security, and Adult, Aging and Disability Services. These services focus on support for child welfare-involved youth, the juvenile justice system, social determinants of health, early childhood mental health, and individuals with co-occurring behavioral health and intellectual and/or developmental disabilities;
- Multiple entities within the Judicial Branch including probation, diversion, and other Colorado Courts services that support justice-involved populations and local judicial districts;
- The Department of Public Safety (CDPS), with a focus on specific programs targeted toward the supervision and treatment of people who have various behavioral health conditions;
- The Department of Education (CDE), with a focus on supporting local school districts and studies with behavioral health conditions;
- The Department of Agriculture (CDA), with a focus on informing their community about available services and suicide prevention in rural Colorado;

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- The Department of Military and Veterans Affairs (DMVA), which works to coordinate and connect care to veterans and others with military histories; and
- Department of Regulatory Affairs (DORA), which will be a partner for the BHA primarily through the DOI; however, it also has a focus on workforce development and accountability of behavioral health in Colorado.

For counties, the BHA is a path to an efficient use of public funds and resources that will lead to a more effective and accountable solution for Coloradans. It will serve as the lead collaborator on strategic planning between counties and the State to ensure that taxpayer dollars are well spent and that consumers have access to the services they deserve. Counties will also have a better sense of the dollars flowing into their community, and the outcomes resulting from those investments. There will be increased opportunities for coordinating with local government behavioral health funding.

The BHA is an opportunity for elevating the voice of providers. The BHA is a new and important partner to identify what is helpful and effective, to raise concerns about what is not working, to identify solutions, and to bring innovation from the ground up to the State. The BHA and providers must work together to inform and define quality metrics, share data to inform policy and payment models to promote stability, and to listen to what's needed to enhance models of care from clinical training to infrastructure supports. Providers need to be part of the new accountability design and they need to equally hold the BHA accountable for its role in system change.

Data Integration

To monitor the performance of and improve the behavioral health system in Colorado, the BHA will need detailed information on the programs and services that individuals access across the State.

The BHA will closely partner with HCPF as well as OeHI on a robust and integrated data system for behavioral health. The BHA will work in concert with OeHI to improve data integration and data sharing across providers, State agencies, and other partners within the system. Furthermore, the BHA will monitor data elements that track health care services provided to individuals across multiple State and federal programs, as well as programs provided by community-based organizations (CBOs) and entities outside the traditional health care system (e.g., food banks and other programs that address the social determinants of health). Qualitative data collection will also be essential in translating this data into patient outcomes and experiences, as well as monitoring the health and progress of the behavioral health system.

The focus of streamlining data is just one of many intersections between the BHA and the Senate Bill (SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System). The Safety Net Plan outlined multiple ways in which administrative burdens can be reduced. The goal is to reduce individual requirements asked of providers by agencies and programs while simultaneously promoting higher accountability to the State.

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Standards of Care & Performance Measurement

In additional coordination with the implementation of SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System, the BHA will research, develop, and publish population-specific standards of care (inclusive of network adequacy and access measures, wait-time/waitlist limits, and general care considerations) and set clear and reasonable outcomes to measure the quality of the behavioral health system.

A core function of the BHA will be setting standards for behavioral health, clinical quality standards, and accountability metrics. This will be done via partnerships that the BHA has with other State agencies and by identifying specific accountability metrics embedded into a Master Contract. The BHA will promulgate rules that outline the collaborative activities and tools that will be utilized to support these essential BHA functions.

Focusing on Outcomes

Coloradans should have positive outcomes and feel a sense of improved quality of life because of those interactions with the behavioral health system. Under the BHA, data will be streamlined across State agencies, payers, sectors, and providers to illustrate a comprehensive view of what is working and where gaps remain in the behavioral health system. The BHA will define what data and metrics are necessary to monitor the behavioral health system.

The BHA will submit an annual report to the General Assembly. The report will include a statewide status to celebrate successes and provide updates on issues related to access to care, system fragmentation, collaborative activities with other State agencies, use of public funds including efforts to maximize federal dollars, equity and inclusion, and progress in meeting its goals and Key Performance Indicators (KPIs). The report will also include a section authored by the members of the Advisory Council, and the BHA will not provide any unsolicited editing for this section of the report.

Grievances & Appeals

A workgroup composed of more than 50% consumers will review the grievance and appeals (G+A) process from other agencies and help to design the BHA's G+A process. The workgroup will recommend definitions and specify the assistance that the BHA can offer. The workgroup will also recommend how the Behavioral Health Ombudsman office and the BHA align efforts or differentiate their purposes.

Critical Strategic Initiatives

Beginning in July 2022, the BHA will oversee and coordinate initiatives such as care coordination and SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. Additionally, the BHA will hire a statewide Workforce Development Specialist who will review and prioritize recommendations to address the workforce shortage. These are examples of how the BHA will coordinate and align different initiatives across the behavioral health system.

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One of the pillars identified by the Task Force is Whole Person Care. Care coordination will support whole person care as it keeps people from falling through the cracks, creates a strong cross-system of care, and achieves positive outcomes for people. In an initiative that convened people with lived experience in the first half of 2021, Coloradans identified the need for a centralized system to learn about and access services, specific to behavioral health as well as broader social and economic wellness needs. An analysis of Colorado's care coordination programs, as well as research collected by studying other states, informed a series of strategies and a set of recommendations to strengthen and scale successful care coordination programs within Colorado. Those strategies and recommendations will be considered for implementation as the BHA is established and throughout ongoing efforts to launch care coordination. Funding received in 2021 from the Behavioral Health Recovery Act to support care coordination is a significant step in addressing the whole person. Plans are underway to develop a centralized gateway for information for patients and providers that facilitates access to and navigation of behavioral health care services and support. CDHS, in collaboration with HCPF, will use the funding to create a website and a mobile application to help Coloradans initiate care and navigate to the right benefits and supports, including local resources such as food and housing assistance. Ongoing stakeholder engagement and planning will inform a more personalized adaptation of care coordination in Colorado. There needs to be further analysis to determine how much more the workforce would need to be expanded and extended to ensure that care coordination is available for all those that need it.

As stated earlier, the model outlined in SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System will be integrated into the BHA in July 2022. The model identifies a continuum of behavioral health services that all communities must have access to in each region of the State, which is in alignment with the BHA's goal to have a comprehensive, equitable, effective continuum of behavioral health services in Colorado. The expected outcome of the model is to close the gaps in the current delivery system and ensure that individuals with the most difficult-to-treat mental health conditions receive services. In alignment with the Safety Net plan, the BHA has an opportunity to identify, monitor, and respond to behavioral health disparities across all populations.

The behavioral health workforce shortage that currently exists in Colorado is reflective of what is happening at the national level. Recommendations resulting from the Behavioral Health Workforce Development Workgroup can be implemented by the BHA—especially because the BHA will have a person dedicated to addressing the behavioral health workforce needs across the State. Almost 70 recommendations fell into six themes: (1) expand on recruitment efforts; (2) broaden the current workforce; (3) retain current professionals and providers; (4) develop and increase its capacity of a culturally competent licensed and unlicensed behavioral health workforce; (5) seize funding opportunities to maximize federal dollars; and (6) invest in a behavioral health workforce committed to equity, diversity, and inclusion.

Legislation in 2022

On April 22nd, 2021, Governor Polis signed Colorado House Bill 21-1097, which directs CDHS to establish a new Behavioral Health Administration by July 2022 and temporarily house it through November 2024. The bill also instructed that recommendations for legislation necessary to appropriately establish the BHA be included in this plan. The anticipated legislation for the implementation of the BHA in the 2022 legislative session will likely include details on the following topics:

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- Responsibilities of the BHA
- Governance Structure, including the Commissioner, Cabinet & other Branches, Advisory Council & its workgroups (encompassing membership, duties, etc.)
- Standard Setting
- Annual Report to the Legislature
- Funding updates and guidelines around financial flexibility
- Grievances & Appeals
- Formal Agreements with other State agencies
- Master Contract
- Emergency Rule-Making Authority
- Clean-Up Section to address current legislation and rules that will be impacted by the BHA

Budget and Staffing

In Fiscal Year 2022, the State will begin to build the infrastructure of the BHA. The Commissioner will be appointed, and key support staff will be hired. Personnel will be embedded within, and costs will be absorbed by CDHS via existing federal resources since the BHA will not be formally established until July 2022.

In Fiscal Year 2023, work will continue to further operationalize and build the infrastructure of the BHA. The BHA will leverage the existing expertise within the Community Behavioral Health Division when it is integrated into the BHA. Key initiatives such as care coordination and the Safety Net Expansion Plan will also be integrated into and managed by the BHA. The Advisory Council will be formally established, and the governance model will be initiated. Efforts to develop and agree to a minimum set of performance measurement standards across behavioral health providers will start. A placeholder of $3 million is included in the Governor's FY 2022-23 Budget and if approved by the General Assembly, more than 30 full-time employees (FTE) will be hired to fulfill more of the BHA functions cross payer.

In Fiscal Year 2024, the BHA is expected to be operational and fully staffed. The Master Contract will be implemented, and formal interagency agreements will be executed. The BHA will begin to transition from setting a minimum set of performance measurement standards to more progressive standards. For each clinical standard, the BHA will provide a set of structural, process, and outcome metrics with clear definitions, data collection protocols, and an analytic plan to ensure there is reliable data across providers and to support data comparability. Additionally, a limited set of clinical standards and associated core metrics will begin to be identified across all providers. Almost 80 FTE will be hired to fulfill more of the BHA functions cross payer. The anticipated budget is approximately $7M. This is a projection and the BHA leadership will work with the Governor's office through the annual budgeting process to develop a firmer understanding of the resources needed, which will require final authorization from the General Assembly.

In each Fiscal Year, the remaining recommendations identified by the Task Force in its "Report on the Remedy for Behavioral Health Reform" will be reviewed, assessed, and re-prioritized for implementation based on the changing healthcare environment and behavioral health needs.

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Conclusion

In conclusion, stakeholders want a BHA that is accountable, transparent, inclusive of consumer voices, and offers an infrastructure that will support this work for the long-term. The BHA must have formal agreements with other State agencies to reach priority populations; support and align local behavioral health efforts; share data and a technological infrastructure; and collectively achieve more positive outcomes for people using Colorado's behavioral health system.

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Background

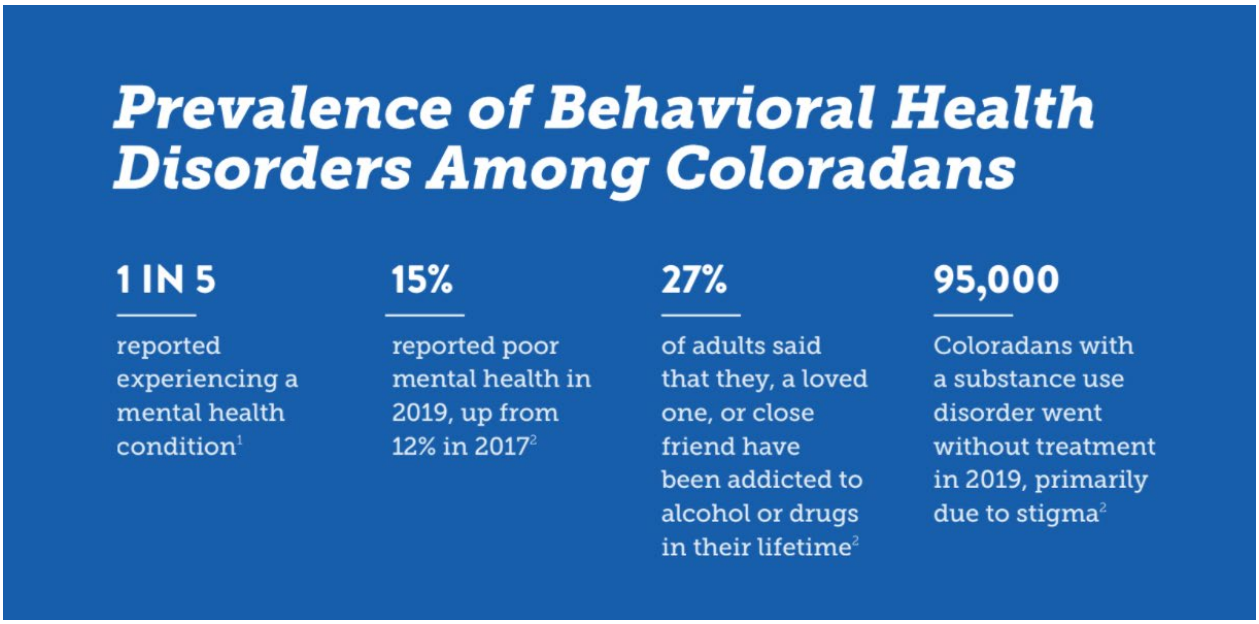
Key Takeaways

Establishing the Behavioral Health Administration (BHA) is the first significant step towards reforming the behavioral health system in Colorado. This new entity will be instrumental in achieving the vision to have a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place, at the right time, to achieve whole person health and wellbeing.

Stakeholders want a BHA that is accountable, transparent, inclusive of consumer voices, and an entity that will endure in Colorado for the long-term. The BHA must have formal agreements with other State agencies to reach priority populations; support and align local behavioral health efforts; share data and a technological infrastructure; and collectively achieve more positive outcomes for people using the behavioral health system.

Colorado is well regarded as a healthy state with comparatively low obesity, type 2 diabetes, and blood pressure rates, and a reputation for active residents. However, when it comes to behavioral health and our State's ability to serve the needs of its residents, there is room for improvement. Colorado has historically struggled to consistently and equitably meet the overarching community needs for mental health and substance use services (see **Figure 1**).

Figure 1: Prevalence of Behavioral Health Disorders Among Coloradans



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The Behavioral Health Task Force (Task Force) established by Governor Polis in 2019 included three subcommittees and a COVID-19 Special Assignment Committee. More than 130 people from across the State participated. Collectively, the Task Force and subcommittees developed almost 150 recommendations to transform the behavioral health system in Colorado and achieve its vision:

A comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole-person health and wellbeing.

The Task Force also identified the following overarching values for Colorado's behavioral health system:

- All Coloradans—regardless of severity of need, ability to pay, disability, linguistics, geographic location, racial or ethnic identity, socioeconomic status, sexual orientation, age, or gender identity—have equitable access to care that is trauma-informed and culturally and linguistically responsive to a full continuum of behavioral health services in the right place at the right time. This includes access to prevention, treatment, and recovery services for behavioral health conditions.
- All stakeholders must work together and hold each other accountable to ensure Coloradans are receiving the quality care they need for as long as they need it.
- There should be a comprehensive continuum of services available for children, youth, and adults. Coloradans should be connected to the services they need, when and where they need them.
- People should be able to access services in a variety of methods, such as tele-behavioral health and in-person services for all levels of need.
- Colorado must have a behavioral health system that distinctly meets the needs of children and youth. Young people have different needs than adults and require developmentally appropriate remedies and culturally competent services that an adult system cannot offer.
- Coloradans should not have to engage in the criminal justice system to access behavioral health services. These services should be available through their communities.
- All Coloradans should have the opportunity to achieve mental wellness.

The Task Force voted unanimously to recommend the establishment of a Behavioral Health Administration (BHA). On April 22nd, 2021, Governor Polis signed Colorado House Bill 21-1097, which directs the Colorado Department of Human Services to establish a new BHA.

The BHA, which will lead and promote the State's behavioral health priorities, will ensure that behavioral health services respond to the changing needs of communities, monitor State and local data, and continuously evaluate State efforts. The BHA will be accountable for the delivery of behavioral health services in Colorado. It will bestow a streamlined and efficient government approach to support quality care while minimizing the burden to providers so that they can focus on service delivery. With the BHA, State agencies will work together to reduce bureaucracy and fragmentation.

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Why the Task Force Recommended a BHA

In early 2020, the Task Force oversaw a financial analysis to identify the publicly-funded sources for children and youth, as well as adults. At that time, Federal and state investments totaling $1.4 billion were supporting publicly-funded behavioral health services in Colorado across at least 10 State agencies and over 75 programs.[1] It was clear that the State agencies were working independent of each other, which resulted in a significant administrative burden for providers, and required the person in need of services to determine where and how they can access care. Colorado does not have an infrastructure in place to understand where and how dollars are being invested, as well as who is and who is not being served. It was clear that cross-agency data sharing, as well as braiding and blending funding, could generate savings for the State due to reduced administrative costs in the long-term.

The Pillars of a Strong Behavioral Health System

To instigate reform, the Task Force focused on the key pillars in Figure 2 that represent the foundation for a strong behavioral health system (see **Figure 2).**

Figure 2: The Pillars Identified by the Task Force

[1] Additional dollars and programs were identified in a more in-depth analysis completed in 2021.

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Definitions of Each Pillar

Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.

Financially accessible care for all Coloradans made possible by administrative efficiencies across Colorado's behavioral health industry and payment models that incentivize and drive improved outcomes.

A culturally responsive and diverse behavioral health workforce that delivers high-quality health care access to all Coloradans.

Collaboration across stakeholders to ensure that Coloradans are receiving the quality care that they need.

Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

Coloradans are best served and have the best chances for improved health when their physical and behavioral health care is integrated and when their social determinants of health are adequately addressed.

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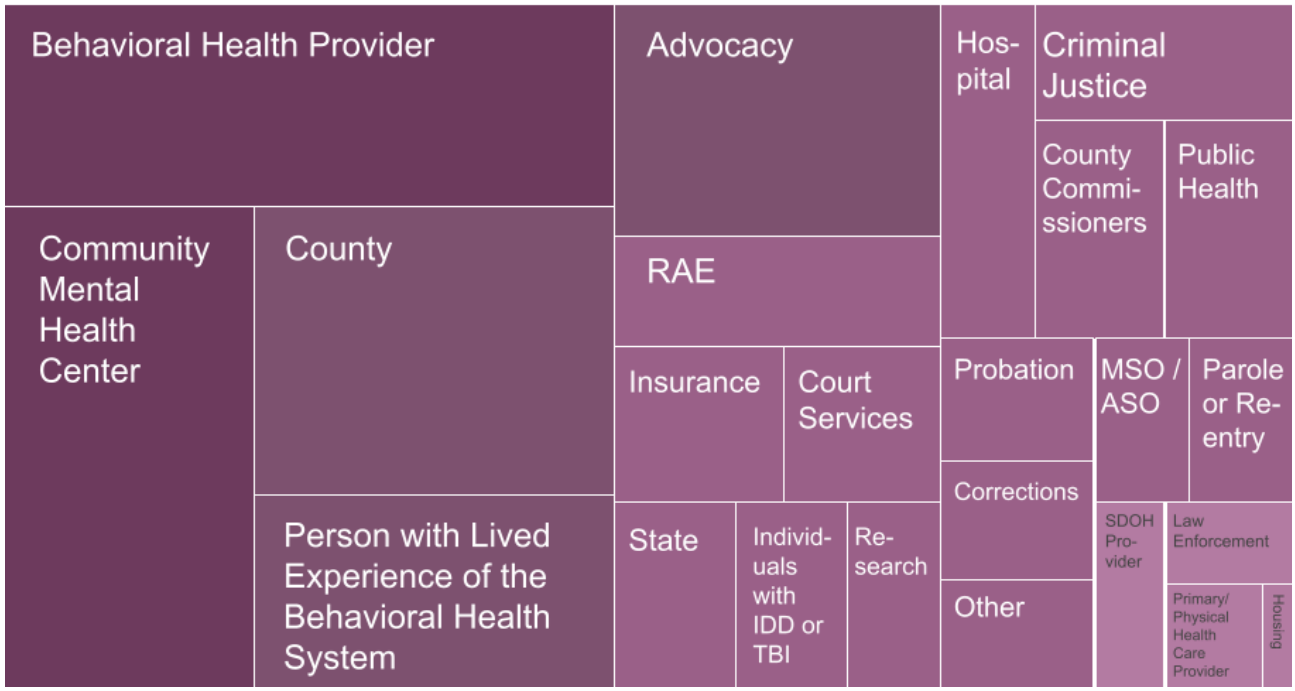
Stakeholder Engagement & Feedback Opportunities

Between January and October of 2021, three rounds of stakeholder meetings were held: (1) to discuss the general concept of the BHA; (2) to review the potential models under consideration; and (3) to solicit input on the recommended model. In total, more than 500 (unduplicated) people from all areas of the State participated in these conversations[2] (see **Figure 3**).

Figure 3: Graphic Representing Stakeholder Participation by Size



In addition to the stakeholder meetings, people could also submit questions and suggestions via the BHA Change Management webpage. Those questions were reviewed on a weekly basis and updated on the Frequently Asked Questions section of the webpage.

Themes resulting from the stakeholder meeting reflected the complexity of Colorado's behavioral health system, and the challenges that need to be addressed. There were strong ideas on what the BHA should do, including the following:[3]

[2] This graphic is based on the "what perspective best describes you?" registration question and includes two rounds of stakeholder engagement conducted between April and October 2021. An additional 200 attendees participated in sessions in February and March 2021. In addition to the representation included in the graphic, HMA attended sessions hosted by provider associations and county associations to share information on the BHA with their memberships. Visit the BHA dashboard to learn more about stakeholder engagement.

[3] While a formal tally was not possible due to the open format of meetings, these themes are prioritized with the first one having been heard the most often, and the last one the least often.

- **Hold enough authority** through designation in legislation to impact and compel action of other agencies while also protected from politics and changing administrations;
- Offer bold change and **not another bureaucratic layer**;
- Be reflective of **all voices while elevating the voice of consumers and individuals with lived experience**;
- Ensure that **health equity** is embedded throughout;
- Elevate **prevention and public health as well as early intervention;**
- **Integrate behavioral health care in primary care** and other settings or systems;
- Initiate a Master Contract to **ensure consistency in standards** and contract requirements to raise accountability while reducing administrative burden;
- Include an Advisory Council that offers diverse stakeholder input and direction for the BHA including **consumer and provider feedback**;
- Establish a **BHA Commissioner position (cabinet level or connected to Governor's office)** that cannot be eliminated by a future administration;
- Incorporate **formal collaboration agreements** between all the relevant State agencies and the Judicial Branch;
- **Engage and partner with local counties, governments and Tribal Nations** on strategic allocation and funding to support regional needs and address disparities -- particularly in rural Colorado;
- Support the collection and use of data to **inform important public policy decisions** (i.e., how to finance behavioral health, current behavioral health funding, etc.);
- Promote the **culture change** that will need to occur within the system to support and sustain BHA authority;
- Advance and support a **comprehensive strategy for workforce** development, retention, and training and technical assistance.

Each of these elements are addressed throughout the remainder of this report.

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Introduction to the BHA

Key Takeaways

The BHA will significantly alter the behavioral health system in Colorado by creating a vision and implementing strategies that are cross-sector and cross-payer to inform all behavioral health. The BHA will:

- Provide ongoing system needs assessment and planning;
- Be the single entity that is responsible for driving collaboration across state agencies to address behavioral health needs;
- Support a statewide approach to behavioral health, with the BHA working collaboratively to set standards that are adopted across State agencies and in both the public and private sector;
- Implement a standard methodology to be used across all programs to collect and analyze data;
- Support and work collaboratively with HCPF on management of a single fiscal management system that will eventually include all publicly-funded behavioral health programs;
- Set standards for behavioral health services and programs;
- Develop a Master Contract for use by all State agencies when procuring services and supports related to behavioral health;
- Serve as a subject matter expert (SME), informing best practice expectations for managing entities with responsibility for behavioral health benefits, in collaboration with the HCPF and DOI;
- Assist Coloradans in accessing services, identifying providers, and understanding processes such as commitment procedures;
- Assist consumers, regardless of payer, when traditional grievance processes fail to bring resolution;
- Address and ensure the behavioral system is inclusive and equitable across all regions of the State;
- Expand the capacity for a culturally competent licensed and unlicensed workforce, including peer support specialists;
- Facilitate statewide behavioral health financing strategy and policy; and
- Provide transparency and accountability for behavioral health system performance.

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Overview

Establishing the BHA is a significant step towards reforming the behavioral health system in Colorado. It will take time to address the myriad of challenges in the State's current system, and the BHA will be instrumental in achieving the vision to have a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place, at the right time, to achieve whole person health and wellbeing.

The BHA will significantly alter the behavioral health system in Colorado by creating a vision and strategy that is cross-sector and cross-payer to inform all of behavioral health. In order to reach that vision, expected duties of the BHA include:

- System Needs Assessment and Planning
- Smart Accountability
- Cross-Payer Collaboration
- Shared, Improved Outcomes
- Fiscal Reporting
- Setting Standards for Behavioral Health Services and Programs
- Creating Efficiencies
- Sharing Expectations and Best Practices for Managing Entities' Operations
- Providing Direct Care Navigation Supports for Coloradans
- Active Resolution for Consumers Facing System Challenges
- Reducing Disparities
- Facilitating State-wide Behavioral Health Financing Strategy and Policy
- Providing Transparency and Accountability for Behavioral Health System Performance

A more detailed explanation of these duties is outlined below.

- **System Needs Assessment and Planning.** The BHA will provide ongoing assessment of need and monitoring of disparities in care to inform its strategic planning for the State. The anticipated data dashboards publicly shared by the BHA will identify opportunities for system improvement. The BHA will collaborate with CDLE, DORA, CDPHE and other state agencies to address the sector's workforce needs. Consumer, family, and other stakeholder involvement will be an integral part of the planning and monitoring process. This also includes partnering with counties and municipalities in monitoring and sharing assessment data to inform local planning.

- **Smart Accountability.** The BHA will be the single entity that is responsible for driving collaboration across State agencies to address behavioral health problems in the State. It will aggregate industry challenges, drive collaborative and creative solutions, and create the transparency, policy, and contracting necessary to hold providers, intermediaries and state agencies publicly accountable. The goal is to have a human-centered approach, so that the focus

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is not solely on technicalities, but on the quality and accessibility of the services people need at the time they need them.

- **Cross-Payer Collaboration.** The BHA represents a paradigm shift in Colorado to support a state-wide approach to behavioral health, with the BHA working collaboratively to set standards that are adopted across State agencies and in both the public and private sector. The BHA will identify systemic processes that are redundant and can be eliminated; highlight processes that are effective and should be considered for implementation across sectors; and provide technical assistance (TA) to system partners. The BHA structure will include dedicated cross-system coordination staff who will collaborate and partner with the State agencies and local communities to gather input and feedback and is used to provide support to State agencies. The ongoing work of these liaisons will be supported by formal agreements between the BHA and State agencies that deliver behavioral health services. The formal agreements will establish a culture of collaboration and shared accountability and provide a structure to establish expectations specific to data and health information sharing; adoption of service and provider network standards; collection and reporting on a core set of behavioral health related metrics; a method for the State agencies to inform the BHA of problems that need resolution and jointly work with the BHA to identify and implement solutions; and set shared performance goals.

- **Shared, Improved Outcomes.** The BHA will implement a standard methodology to be used across all programs to collect and analyze data. The BHA will utilize HCPF's robust infrastructure for claims and eligibility processing to streamline utilization and fiscal reporting. Creating a cohesive data reporting infrastructure will enable reporting on the State's behavioral health programs. This will also reduce the administrative burden on providers so that they can spend more time on patient care.

- **Fiscal Reporting.** The BHA will ultimately support and work collaboratively with HCPF on management of a single fiscal management system. The work to develop this system is well underway with funding, infrastructure development, and interoperability being developed.[4] This single fiscal management system is designed to support behavioral health reform and ultimately the BHA by:
    - Improving customer experience for Coloradans by helping them to identify for which programs they are eligible and how they enroll and providing support for providers by helping them to determine how to bill for services.
    - Driving return in investment through increased federal Medicaid match; better identification of waste; reduction in duplicate payments; and efficiency of State resources.
    - Expanding to other State agencies over time.

[4] https://hcpf.colorado.gov/sites/hcpf/files/2021%20Long%20Bill%20Overview_0.pdf, R23, p. 4.

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- **Setting Standards for Behavioral Health Services and Programs.** The BHA will be responsible for setting clinical quality, data sharing, and reporting and outcome performance measures for behavioral health. The BHA will define services and specific requirements related to clinical eligibility, staffing, and access. These service and program standards will align with evidence-based and promising practices and provide data that inform the anticipated need and utilization. Because it creates new standards for comprehensive safety net providers that requires them to provide services for mental health, substance use, and co-occurring disorders, the BHA will assume ongoing responsibility for implementation of Individuals at Risk for Institutionalization (SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System). See page 83 for additional information on the Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.

- **Creating Efficiencies.** The BHA will develop a Master Contract for use by all State agencies when procuring services and supports related to behavioral health. The Master Contract will ensure the adoption and implementation of the service and program standards across State agencies for use with the provider network under the BHA. The Master Contract can be adapted to allow for payer/funding-specific requirements in addition to the core set of provider standards set by the BHA. In addition to streamlining requirements, the Master Contract will improve consistent accountability of providers and set standards for serving specific populations (including people of color; people with traumatic brain injuries (TBI); Veterans; Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) communities; people with disabilities; Deaf, Hard of Hearing, and Deaf Blind Coloradans; older adults; and American Indian and Alaska Native (AI/AN) populations) which currently experience disparities such as those with serious mental illness and those with justice involvement which also aligns with the goals and approach outlined in SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. The BHA, in collaboration with other State agencies, will include in the Master Contract an agreement to adopt the standards set by the BHA which allows the BHA to monitor utilization of that formal agreement. The Master Contract will also support the BHA in general cross-collaboration activities focused on behavioral health and wellness for Coloradans.

- **Sharing Expectations and Best Practices for Managing Entities' Operations.** The BHA will serve as a subject matter expert (SME), informing best practice expectations for managing entities with responsibility for behavioral health benefits, in collaboration with HCPF and DOI. SME support may include recommending nationally accepted practice guidelines for use in making utilization management decisions for behavioral health services, network adequacy standards, rate setting, and value-based payment structures, and program monitoring processes. The BHA will also inform access standards for services across the continuum of care, aligned with payer (including Medicaid and commercial) regulations. As Colorado continues to promote and expand whole person approaches to care, the BHA will collaborate with CDHS, HCPF, and DOI to

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implement and monitor consistent standards for care management, including care coordination activities contracted to managing entities such as the Regional Accountable Entities (RAE), Managed Service Organizations (MSO), Administrative Services Organizations (ASOs), and Case Management Agencies (CMAs). By setting these standards, there will be better outcomes, efficiencies, ease of administration, and consistency to the behavioral health system.

- **Providing Direct Care Navigation Supports for Coloradans.** Navigating the complexities of the behavioral health care system, specifically knowing where and how to secure services in times of escalating need, was a problem identified by Coloradans and the Task Force. A significant role of the BHA will be to assist Coloradans in accessing services, identifying providers, and understanding processes such as commitment procedures. The BHA navigation support will include technology resources and, in the long-term, live support. As part of this work, the BHA will build connections to existing structures such as with DOI for individuals covered by commercial insurances and with HCPF for connection to Medicaid and its intermediaries. A priority for the navigation will be the ability to address diverse cultures, linguistic needs including American Sign Language, and provide information in multiple formats including for those with vision and hearing impairments and other disabilities. Through this process, the BHA will identify systemic problems that impede access to care and develop strategies to address them.

- **Active Resolution for Consumers Facing System Challenges.** Individuals and family members who have a behavioral health-related grievance with any provider, State agency, or commercial insurance carrier will follow the existing established grievance processes. The BHA will assist consumers, regardless of payer, when traditional grievance processes fail to bring resolution. In addition to serving as a problem solver, the BHA will gather data specific to consumer and family grievances to identify themes and opportunities to address systemic issues. Therefore, it is necessary that all State agencies collaboratively share grievance/complaint data with the BHA. The BHA must have relationships and influence to facilitate solutions, including convening the parties involved, as well as others who may share a role in eliminating barriers, especially for individuals with complex needs requiring creativity and flexibility. The formal agreement will establish the BHA as convener in carrying out this role. How the BHA aligns or differentiates itself from the Ombudsman Office, which provides more personal interaction with consumers regarding health care access and coverage issues, is to be determined. Defining specific roles for the BHA and the Ombudsman Office will continue to be part of the ongoing work throughout 2022.

- **Reducing Disparities.** The BHA is responsible for addressing and ensuring the behavioral health system is inclusive and equitable across all regions of the State. The BHA will focus on ensuring that the data collected identify disparities in health care as well as the behavioral health needs

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of all populations; provide training on population-specific needs and cultures; and focus on workforce development that is representative of the individuals served and their communities. The State is currently missing data on specific populations, which hides behavioral health disparities and levels of need. The BHA has an opportunity to identify, monitor and respond to behavioral health disparities across all populations. To do this work, the BHA will need to:

- Develop and implement a systemic approach to collecting, reporting, and analyzing data and demographics to identify and monitor inequities in order to improve outcome equity. This will include ensuring definition of data and processes that are inclusive and accurate.
- Expand workforce capacity to improve outreach, engagement, and quality of care for priority populations.
- Increase provider awareness about behavioral health disparities and responsiveness to implement effective strategies to increase behavioral health equity.

The BHA will employ senior staff dedicated to ensuring equity, diversity, and inclusion in the Colorado behavioral health system. The BHA will integrate the work and recommendations of the Co-occurring Disabilities and Behavioral Health (CDBH) Workgroup, which include attention to the needs of individuals with disabilities and, in doing so, ensuring cultural competency when carrying out the functions of the BHA. For example, the BHA will:

- Provide cultural competency training for staff providing navigation and/or support for grievance reconciliation to ensure their understanding of the unique needs of individuals with co-occurring disabilities;
- Establish standards of care that are inclusive of various disabilities and unique needs of those populations; and
- Create and sustain a process of dialogue and feedback with communities experiencing disparities within the system.

Part of addressing behavioral health disparities in the state will be improving the way in which data is defined, collected, and used.

- **Facilitating State-wide Behavioral Health Financing Strategy and Policy.** The BHA will have a lead role in funding and resource prioritization (cross agency) as it relates to behavioral health initiatives. The system currently leverages multiple federal, state, and local funding streams to support a full continuum of services. The BHA will have the responsibility to maintain a state-wide view of resources and demands for the system of care and recognize the different payer/funding regulations and opportunities and limitations those regulations have in maximizing their use and benefit. The BHA will facilitate the braiding of dollars as needed to support behavioral health services within these payer parameters and make budget recommendations for specific services or changes to services, including piloting and evaluating emerging best practices for sustained funding by Colorado payers. Through standard setting and the Master Contract, the BHA will also support State agencies in implementing value-based

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payment strategies[5] with the behavioral health provider network, including close collaboration with CDHS and HCPF on the implementation of SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. The Plan to Expand the Safety Net System incorporates value-based funding and other payment methods to support quality service delivery. The BHA will also serve as a SME to ensure that funding and related policy requests, and their alignment and support with the BHA strategic plan, are understood by the General Assembly, and in collaboration with the State agencies and other stakeholders, will identify new public and private funding opportunities. This will include recommendations for the State agencies to fund specific services or make funding changes to current services that are not proving to be effective.

- **Providing Transparency and Accountability for Behavioral Health System Performance.** Stakeholders view transparent accountability of the behavioral health system as paramount to the success of the BHA. To support accountability, the BHA must monitor and act upon a set of metrics measuring ongoing success. These measures must include both process measures (i.e., the BHA is fulfilling its role and responsibilities) and outcome measures (i.e., the BHA is achieving the desired impact on the behavioral health and wellness of Coloradans). The structure supporting a data-driven and accountable system is supported by the standard setting outlined in the formal agreement and Master Contract tools of the BHA, as they will include expectations for consistent data metric definitions, consistent data sharing standards, and data flow to a single data warehouse (enhancing HCPF's existing and robust system) to ensure confidence in both the content and quality of the data.

  The BHA's data work will inform the construction of publicly-facing data dashboards and performance scorecards with other State agencies including CDHS and HCPF. These public data dashboards will illustrate many of the critical components of the Colorado behavioral health system and highlight areas for improvement.

Functions of the BHA by Pillar

The BHA is expected to have several key staff positions and teams that will manage the core functions of the BHA. These functions, when fully operational, will set standards for the behavioral health system, address access to care and system fragmentation issues, promote transparency via data reports, and ensure strong relationships and ongoing collaboration with and between State agencies, providers, counties, Tribal Nations, and stakeholders, as well as address issues of equity and inclusion. The Task Force identified the pillars needed to have a strong behavioral health system (see Figure 2). Examples of key functions by pillar are described below and can be seen in **Figure 4.**

[5] **Value-based Payment (VBP)** strategies refer to the diverse range of financial and accountability models that tie provider payments to client outcomes and care quality.

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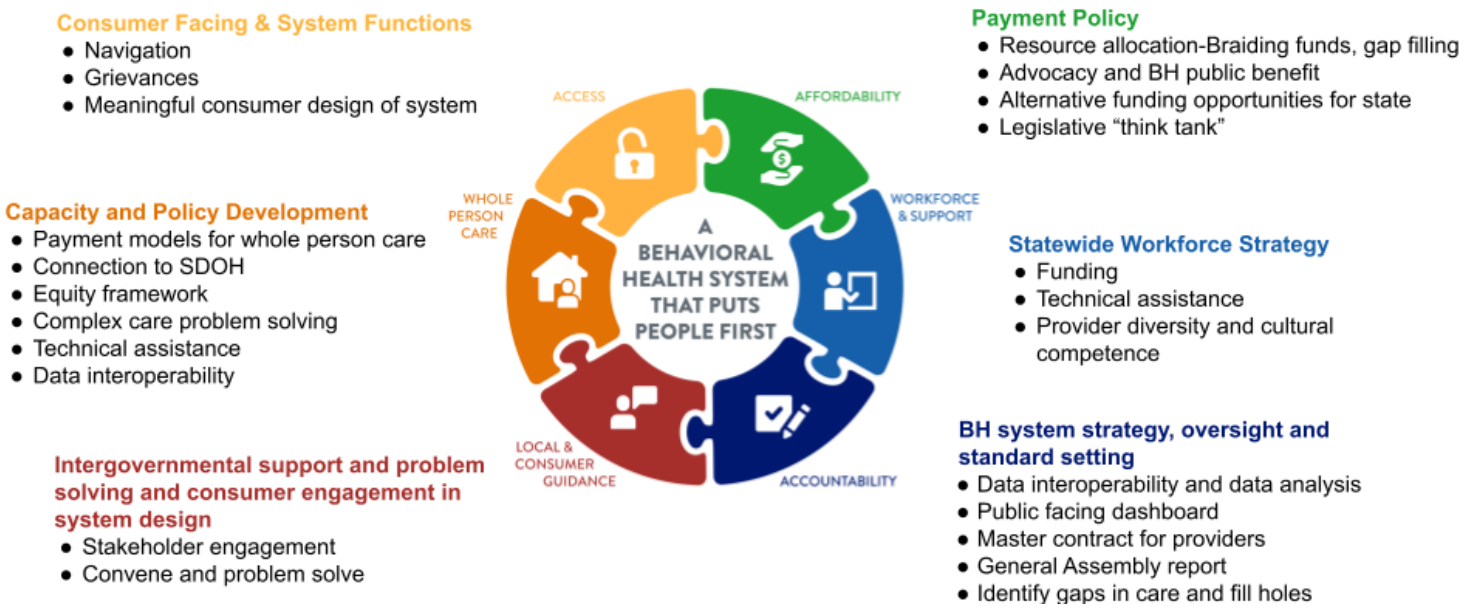
Figure 4: Examples of BHA Functions by Pillar



Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.

Vision and Strategy

Among the BHA's work, ongoing assessment of need, identification of gaps, and strategic resolution of gaps are central functions. Supporting a streamlined and planned approach to resource allocation across agencies to fund necessary programs is pivotal to ensuring that the continuum of care is aligned with population need. The BHA is the lead entity in designing the behavioral health service array, methodologically guiding Colorado behavioral health towards a "future state" that is grounded in improved access and outcomes.

Individual and Family-Facing Services

To address the many concerns related to access to services, the BHA will:

- Set expectations for and expand the range of services provided so that consumers receive quality services regardless of the service needed, the location, or the person's circumstance.

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This will be achieved via the Master Contract implemented across State agencies that includes a value-based payment model;
- Address navigation challenges by distributing information about the location of services;
- Increase the types of providers that provide access to care[6] in collaboration with DORA, CDPHE, CDLE, CDHE, DOLA, and other agencies so that Coloradans have more choice and more options for the level of care they need;
- Improve the quality of care by established standards related to access to care, quality and provider accountability, in collaboration with DOI and HCPF;
- Monitor and publicly post key behavioral health metrics;
- Reduce challenges to access care by fostering solutions at the payer level; and
- Improve provider ability to take on complex cases by providing technical assistance on workforce development, cultural training, and other issues to improve provider ability to take on complex cases.

Care Navigation and Resources

A major function of the BHA is to help individuals navigate the system and connect with an appropriate provider. The BHA will build connections to existing structures, such as with DOI for individuals covered by commercial insurance or with HCPF for connection to Medicaid. However, the BHA also provides an avenue for individuals who need additional help after reaching out to a RAE, DOI, or a payer. A priority for the navigation will be the ability to respond to diverse cultures, meet linguistic needs, and to provide information in multiple formats, including accommodations for those with disabilities. Through this process, the BHA will identify common or systemic issues that impede access to care and develop strategies to address them.

Grievances

Individuals and family members who have a grievance with any provider, State agency, or commercial insurance carrier will follow the established grievance process with that entity. The BHA would work with HCPF and DOI to identify patterns and analyze grievances (by provider, by topic, by region, by payer, etc.) to inform changes that improve the overall system. The BHA would also be the place for grievances that have no other appropriate avenue.

BHA Network

The BHA will facilitate the creation of a public sector provider network that meets a broad range of needs as identified by stakeholders and through formal needs assessments. It will accomplish this, in part, through standardized contractual provisions. It will facilitate a more efficient credentialing process

[6] The BHA will be actively involved in the implementation of SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System to expand the provider network for the State; set a new designation for a comprehensive safety net provider; and make changes in payment structure to improve accountability.

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and establish accountability measures that will be consistent across State agencies. The BHA will ensure the behavioral health network that is accessible, well-trained, and culturally competent. The BHA will provide technical assistance to the network to enhance capacity and quality. The network will include licensed mental health and/or substance use disorder professionals, licensed and designated agencies as well as non-licensed but certified individuals such as peers who are critical to providing comprehensive services, in accordance with state and federal regulations. In developing the provider network, the BHA will collaborate with payers to set the network standards and requirements. State agencies and intermediaries such as RAEs and MSOs will leverage the BHA network.

Reduce the Bifurcation

The BHA will address the bifurcation between mental health and substance use disorder systems and allow for the treatment of individuals experiencing a co-occurring crisis to reduce barriers to providing or accessing services (e.g., streamline licensure rules and regulations). In the long-term, the BHA can work with other State agencies to explore whether there could be consolidation of intermediaries in the State, which could also reduce the bifurcation between mental health and substance use treatment services.

Care is affordable when people get the care they need to stay healthy, administrative efficiencies are captured, and payment models incentivize positive outcomes.

Payment and Policy

The BHA will work with public and private payers to develop financial strategies that improve behavioral health access, outcomes, and affordability. The BHA will work with fellow agencies to maximize federal dollars. As part of this effort, the BHA will identify any service that could be eligible for Medicaid funds[7] that are currently being paid for with State general fund dollars; work with eligible State agencies to make sure they are drawing down Medicaid administrative funds where available; ensure that the funding needs for behavioral health services are regularly identified and reported to the General Assembly; and in collaboration with State agencies and other stakeholders, identify new public and private funding opportunities.

BHA's strategic short and long-term planning process will identify priorities for funding and resources. This will include recommendations for state agencies to fund specific services or make funding changes to current services that are not proving to be effective. In addition, the cross-agency funding strategies

[7] Medicaid is funded by state and federal funds. The Federal Medical Assistance Percentage (FMAP) guarantees matching funds to states for individuals who qualify for Medicaid. States are guaranteed at least $1 dollar for every $1 dollar in state spending on the program.

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include close collaboration with CDHS and HCPF on the implementation of SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System, which incorporates value-based funding and other payment methods to support quality service delivery.

A high-quality, trained, resourced, culturally responsive and diverse behavioral health professional workforce is needed in Colorado to deliver improved health and access.

Statewide Workforce Development

The BHA will provide a new streamlined and comprehensive strategy to improve the behavioral health workforce in Colorado. The BHA will work closely with key partners such as State agencies, academic institutions, providers and others to set and implement strategy. There are several recommendations that the BHA will address regarding workforce, including:

- Expanding a culturally responsive licensed and unlicensed workforce
- Supporting and funding the use of a non-traditional workforce, especially peers
- Ensuring the behavioral health needs of rural and frontier parts of the State are addressed
- Addressing the need for child psychiatrists to support primary and specialty care
- Addressing new federal opportunities that exist through the U.S. Department of Labor
- Increasing capacity and skills of providers to serve individuals with complex needs
- Addressing administrative burden which leads to turnover in the current workforce
- Generating methods for sustaining public sector providers and supporting meaningful careers
- Retaining existing providers by reducing paperwork and the administrative burden
- Increasing Mental Health First Aid training so that there is more community knowledge about how to provide support
- Working with DORA to maximize scope of practice
- Increasing student loan forgiveness work opportunities
- Improving telehealth to augment but not supplant in-person behavioral health services

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Collaboration across stakeholders to ensure that Coloradans are receiving the quality care that they need.

Ongoing Needs/Gaps Assessment and Strategy/Priority Setting

The BHA will conduct regular needs assessments of the Colorado behavioral health system to ensure that the system is responding to residents of the State. Ultimately, the BHA will have new and unprecedented data in Colorado that is cross agency and cross payer to provide a holistic view of behavioral health access, utilization, and need. Assessments will include a review of this robust data, including data related to grievances and service utilization, input from stakeholders and members of the Advisory Council and its workgroups, as well as needs identified by various State agencies. The BHA will have the authority to make recommendations for service realignment as well as lead efforts to improve equity and implement priorities. These assessments will also inform and align Colorado's Health IT Roadmap efforts stewarded by OeHI and the eHealth Commission.[8]

Behavioral Health System Oversight and Standard Setting

In collaboration with other State agencies, the BHA will facilitate statewide behavioral health standards to create a system that meets the long-term needs of Coloradans; streamlines processes for public behavioral health providers across sectors and influence; evaluates the provider network to determine if it is meeting its intended expectations; and reviews licensing and designation requirements identified by legislation and the safety net provider designation tiers as outlined in the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.

Data Sharing, Collection and Analysis

It is critical for the BHA to have access to timely, accurate and comprehensive data in order to set standards, hold all aspects of the system accountable, and lead strategic planning. The BHA must know who is accessing and receiving services -- as well as who is not -- and the type, quality, health outcomes of services, and the cost of the services. In its partnership with other State agencies, the BHA will work in collaboration with OeHI, CDHS, HCPF, DOC, and other agencies to ensure there is data interoperability and focus on the following standards:

[8] The eHealth Commission provides advice and guidance to the Office of eHealth Innovation on advancing Health Information Technology in Colorado.

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- Standard data model
- Legal framework for access and sharing of information/data
- Consistent data metric definitions
- Consistent data sharing standards
- Incentives to support standards and data models
- Mental health parity enforcement and compliance

Data will be overseen and owned by the BHA and connected to the necessary state and community systems such as HCPF's eligibility, claims, and payment systems; the Office of Information Technologies (OIT) identity resolution service; and Colorado's health and social health information exchanges.

The BHA's data work will inform the construction of data dashboards and performance scorecards with other State agencies, including CDHS and HCPF. These public data dashboards[9] will have the potential to illustrate many of the critical components of the Colorado behavioral health system, including but not limited to:

- Number of individuals served by demographics and county of residence
- Utilization of services by provider and service types
- Cost data
- Provider and county specific information
- Access to care data
- Provider performance
- Tracking of specific outcome measures
- Number of people in the criminal justice system with behavioral health needs

Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

Consumer and Other Stakeholder Engagement in System Design

The BHA will ensure there is consumer and stakeholder engagement through the anticipated Advisory Council and its workgroup structure, as well as through the creation of several staff positions at multiple

[9] Dashboards will not have any protected health information as outlined in The Health Insurance Portability and Accountability Act (HIPAA).

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levels within the BHA. The BHA will include a senior position responsible for equity and inclusion, with several team members focused on inclusion and engagement of specific populations.

Additionally, as part of the change management process, development of the BHA has—and will continue to include—opportunities for stakeholder input. It will take years for the BHA to reach its full potential, and engagement of consumers and other stakeholders will be an ongoing, invaluable part of its operationalization.

Engagement of Local Government in System Design, Strategy and Partnership

The BHA will have dedicated resources to support collaboration and shared strategic planning with local governments such as counties, Tribal Nations, school districts, and judicial districts. The BHA will rely on partner agencies such as CDE and the Colorado Judicial Branch (CJB) to support partnership and the elevation of local concerns, particularly of rural and frontier communities. The BHA will be a problem solver and convener to identify solutions with local partners.

Identifying and Applying Emerging and Best Practices, Supporting Innovation; Identifying and Responding to Market Trends

A key role for the BHA will be ensuring Colorado's behavioral health system is utilizing emerging and best practices. The Task Force established the expectation that BHA standard setting for behavioral health services will be aligned with evidence-based best practices (EBPs). To do so, the BHA will be working to ensure EBPs are available within the service system, regulations for EBPs are consistent with fidelity requirements of the practice, reimbursement rates support the practice, the provider network receives ongoing training, and the BHA ensures there is adequate oversight and accountability for the practice. The BHA will also explore how non-traditional behavioral health services can be utilized and funded. Examples include animal-assisted therapy, outdoor recreation, and spiritual or ceremonial traditions.

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Coloradans are best served when their social determinants/influencers of health (e.g., secure housing, access to healthy food, secure employment, etc.) are adequately addressed.

The BHA will build onto existing efforts to improve whole person care which includes: furthering the integration of mental health and substance use programming; advancing behavioral health integration with physical health; and improving coordination and data sharing to deliver holistic care for those with complex needs which includes addressing social determinants of health. Coordination among partners, data sharing and data interoperability, streamlined administrative rule, policy, and other efforts continue to be a focus on ongoing integration.

Ongoing Assessment of Need

As part of the BHA's role in ongoing assessment of need and gaps in care, the BHA will monitor co-occurring and complex needs of Coloradans. This includes the intersection of behavioral health and co-occurring disabilities or developmental conditions, medical and physical health conditions, and social determinants of health. Also incorporated is a separate review and prioritization of the child and youth continuum of care with attention to early intervention, wrap-around services for transitions in care, and expansion of specialty programs such as community resources to support respite services. The BHA will make strategic recommendations for addressing these gaps and work with the appropriate State agencies and other partners to improve care for complex and co-occurring conditions. This can include working collectively on enhancing access to housing and food or other basic needs to build the foundation for health and quality of life. It must also ensure that children are safe and sound, with their basic survival needs met: shelter, food, clothing, medical care, and protection from harm.

Integrated Care

The BHA will lead, support, and build on existing work to improve the integration of behavioral health into other service delivery systems in Colorado. The BHA will promote integrated care and maintain a menu of options across payers that include and support best practice recommendations, as well as information on training and payment options. The BHA will work with HCPF and DOI to identify payment models that improve the sustainability of integrated care in order to (1) expand access to integration in primary care, and (2) expand access to medical care for those with serious mental illness. The BHA can also provide technical assistance (TA) and training to providers to deliver high quality and effective integrated care.

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The BHA will support DOI's efforts to promote consumer understanding on the integration of behavioral health in health care and insurance overall, and improve consumer education on their rights and protections within the health care and insurance systems.

Whole Person Standards

The BHA will set and enhance standards that support whole person care. Those standards include (1) standards for whole person screening within medical and behavioral health settings, (2) standards for screening and assessment for social determinants of health, and (3) standards for improved treatment of whole person needs. Improved clinical quality standards that promote planning for treatment of the whole person will be important to reducing disparities in care and enhancing overall behavioral health outcomes.

Whole Person Data

The BHA will create capacity and build infrastructure (in partnership with OeHI, HCPF and other agencies) for whole person data collection and for the BHA to be able to analyze and report on behavioral health data across programs and across payers. Central to whole person care is developing methods for the data to follow the person from system to system to support whole person care and care continuity and to reduce reliance on individuals to manage care. The BHA will leverage Colorado's Health IT Roadmap efforts that include Care Coordination infrastructure and policy to support whole person care.

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Governance Structure

The BHA governance structure is designed to ensure that the best decisions are made for the people who need services. It seeks to continuously improve the performance of the behavioral health system with input from stakeholders and by working closely with all branches of government.

Key Takeaways

- **A Commissioner will be appointed to serve as a member of the Governor's** cabinet with the full responsibility to lead and develop the State's vision, strategy, and implementation of behavioral health-related policy and programming.
- The Commissioner will oversee staff who will set standards for the behavioral health system, address access to care and system fragmentation issues, publish transparent data reports, and ensure strong relationships and ongoing collaboration with and between State agencies, providers, counties, Tribal Nations, the Judicial Branch, and stakeholders, as well as embrace equity and inclusion.
- An Advisory Council will ensure ongoing stakeholder input and involvement, and provide a public, transparent way for the system to be accountable to Coloradans.
- The Advisory Council will have standing and ad hoc workgroups that make recommendations, raise concerns to the BHA, help problem-solve, and share diverse perspectives. The BHA Commissioner will work with the Governor's office to establish the workgroups to address the various behavioral health needs in Colorado and update the workgroups as needed to align with the state-wide strategy for behavioral health.
- The BHA will work closely with CDHS, HCPF, DOI, CDPHE and all its partners to integrate whole person care and equity into all of its work. This includes furthering the integration of mental health and substance use programming; advancing behavioral health integration with physical health; and improving coordination and data sharing to deliver holistic care for those with complex needs.

BHA Commissioner

A Commissioner will be appointed to serve as a member of the Governor's cabinet with the full responsibility to lead and develop the State's vision, strategy, and implementation of behavioral health-related policy and programming. The Commissioner is ultimately accountable for ensuring that behavioral health services delivered by the public sector and commercial payers are comprehensive, evidence-based, affordable, high quality, equity-focused, and easily accessible for all Coloradans.

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BHA Staffed Positions and Engagement of Individuals

The Commissioner will oversee key leadership positions and teams who will execute on the core functions of the BHA. These functions, when fully operational, will set standards for the behavioral health system, address access to care and system fragmentation issues, publish transparent data reports, and ensure strong relationships and ongoing collaboration with and between State agencies, providers, counties, and stakeholders, as well as address equity and inclusion issues. See **Figure 5** for an overview of the core functions that will be supported by various teams in the BHA.

Figure 5: Staffed, Core Functions of the BHA

The Dedicated Cross System Coordination Resources in Figure 5 are the positions that are purposely designed to interact with other agencies and branches to address specific gaps in the behavioral health system.

Advisory Council

The BHA will establish an Advisory Council, whose 15-20 diverse members will be appointed by the BHA Commissioner to advise the BHA, to ensure ongoing stakeholder input and involvement, and provide a public, transparent way for the system to be accountable to Coloradans. The membership of the Advisory Council will be reflective of the demographic and geographic population of Colorado. The Council will have the authority to convene meetings with the various State agencies to ensure ongoing accountability to the behavioral health system, with other responsibilities that include:

- Providing diverse community input on emerging behavioral health needs.
- Reviewing and providing feedback on the BHA's strategic plan including proposed funding allocations and policy opportunities.
- Reviewing the BHA's public-facing transparency activities including its data dashboards.

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To achieve a Council that is representative of Coloradans, including special populations who intersect with the behavioral health system, it is advised that Council participants include representatives from the following groups:

- Children/youth, at least one of which is child welfare
- Criminal justice
- Local government including rural representation
- Tribal Nations
- Consumers and family members
- Providers
- Intermediary representatives (Managed Service Organizations; Administrative Service Organizations; Case Management Agencies; and Regional Accountable Entities)

In addition, to ensure diversity, it is recommended the following representation be incorporated when identifying the Council's members:

- Membership representing rural communities
- Membership from counties
- Membership representing people with disabilities
- Membership representing the Judicial Branch
- Membership representing a community mental health center (CMHC)
- Membership representing non-CMHC providers
- Membership representing non-CMHC provider of integrated primary care and behavioral health
- Membership representing diversity in race/ethnicity, sexual orientation, gender identity, criminal justice involvement, and veteran status

Workgroups

The BHA framework includes a proposed workgroup structure to allow for a sharper focus on particular issues of concern. The aforementioned Advisory Council members will co-chair these workgroups to improve communications and insights into workstreams. The workgroups' membership will include stakeholders who are subject matter experts and represent diversity in demographics and geography in the State. BHA staff who are designed to support cross-system strategic planning will provide support and data to the workgroups. These staff will also support the workgroups in identifying the critical priorities, maintaining a statewide and integrated approach to strategies and solutions. The workgroups will make recommendations, develop solutions, and share diverse perspectives. The BHA Commissioner will work with the Governor's office to establish both standing and ad hoc workgroups to address the various behavioral health needs in Colorado and modify the workgroups as needed to align with the state-wide strategy for behavioral health.

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In the first half of calendar year 2022, the structure of the Advisory Council and workgroups will be finalized. A process will be developed so that Coloradans can apply to be on the Council or one of the workgroups.

The BHA Structure

The BHA will provide oversight, accountability, and strategic leadership for Colorado's behavioral health system. Staff will be needed to ensure all functions of the BHA can be successfully operationalized across payers. As seen in **Figure 6**, the recommended BHA structure is as follows:

- The BHA Commissioner will serve as a member of the Governor's cabinet.
- The Commissioner will work closely with the Executive Director of CDHS since the BHA will be housed within CDHS at least through 2024.
- The Commissioner will also work closely with their peers in the cabinet and with other state leaders in other branches of government such as leadership of the Colorado Judicial Branch.
- The BHA Commissioner will administer and oversee staffed core functions.
- The BHA will directly administer state-wide programs such as crisis services, consumer navigation and new program capacity development, pilots, and innovations in care.
- The BHA includes dedicated staff to provide a coordinating function working closely with agencies, payers, and branches that have significant behavioral health programs and funding, such as CDHS, HCPF, and the Judicial Branch. The BHA will explicitly target improved coordination for sub-populations such as children and youth and individuals involved in the justice system.
- BHA staff will work with all agencies and branches that intersect with behavioral health, even when those services are less intensive or when programming is limited to one or a small handful of opportunities (e.g., the Colorado Department of Agriculture). The BHA will develop a strategy and approach for working with each agency based on the associated programming and funding.
- There will be a diverse stakeholder Advisory Council with workgroups to inform, advise, and ensure ongoing stakeholder input and involvement with the BHA. The Advisory Council will also provide public and transparent accountability for Coloradans.
- The BHA will provide data, strategy, and potential solutions for the General Assembly and serve as the legislative "think tank" as various ideas and proposals are contemplated.

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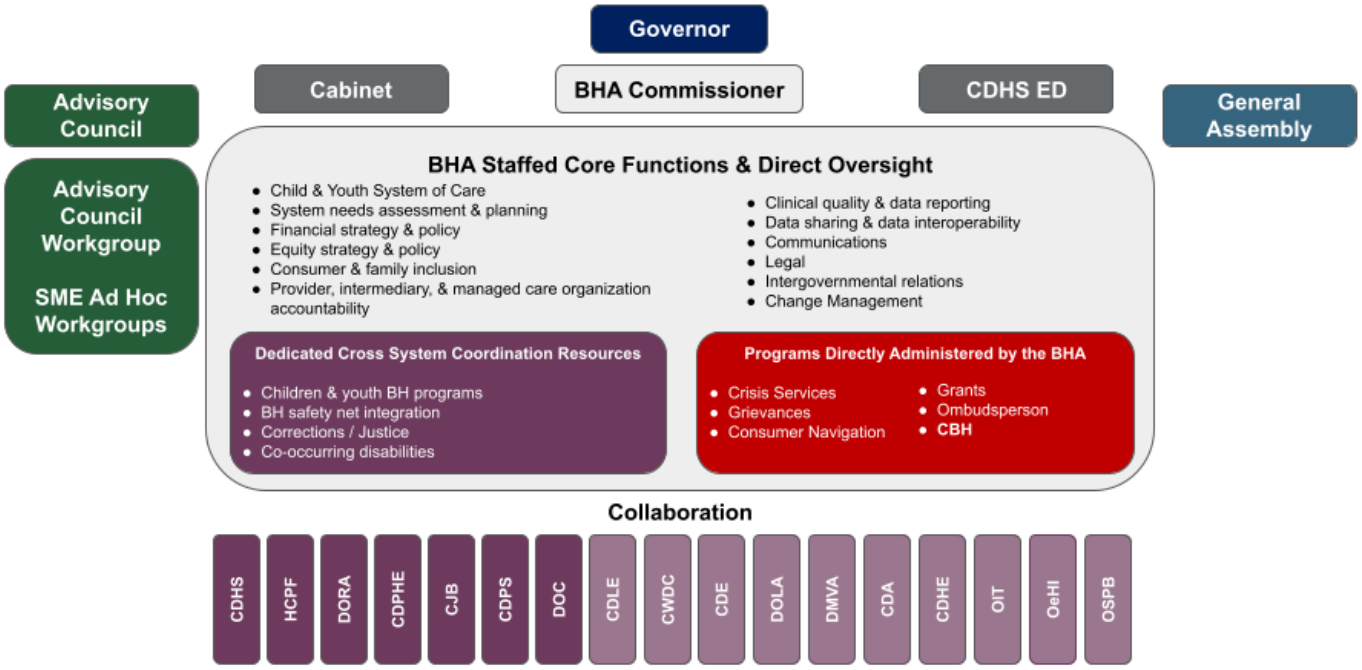
Figure 6: Recommended BHA Structure



Physical Location

As the BHA becomes fully operational, it will be housed within CDHS until a permanent location is determined by the General Assembly on or before November 1, 2024.[10] The Governor's office, BHA leadership, CDHS, cabinet members, and the Advisory Council will collectively evaluate the best long-term fit for the BHA during this interim period. Until November 2024, CDHS will provide operations support (e.g., human resources, procurement, etc.). The BHA will have its own staff and legislative agenda. It will also have its own budget allocation, as a part of the overall CDHS budget.

Anticipated Teams within the BHA

To successfully implement the BHA and achieve the desired functionality, the BHA will have a number of different teams. This structure might change when the new Commissioner assesses all aspects of the work.

- **Finance.** Finance includes a variety of functions including budgeting, accounting, contracting, grants, and provider rate analysis. The BHA will also support strategic allocation of funds across the system to meet needs. This may include recommendations to other agencies on resource allocation, the braiding or blending of dollars, and the identification of alternative funding.

[10] This was outlined in HB21-1097 "Establish the Behavioral Health Administration"

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Provider rate analysis across payer represents an entirely new scope. This new function is a key part of understanding and driving multipayer fiscal policy and utilization trends and making recommendations in collaboration with HCPF and DOI to changes in policy to promote improved access and quality.

- **Communications and Policy.** Communication is vital to the success of the BHA. There will be a multi-pronged communication strategy to increase awareness among State agency staff, stakeholders, and consumers, as well as to provide continuous ongoing engagement opportunities. This team will include oversight of Boards and Commissions that are mandated by the Substance Abuse and Mental Health Services Administration (SAMHSA), and also serve as the policy liaison between the BHA and General Assembly.

- **Quality and Standards.** The BHA will have resources focused on evaluating and promoting the use of clinical best practices statewide, including mental health parity enforcement and compliance. The BHA will set provider standards for performance including data collection, data sharing, and reporting. The BHA will also have dedicated resources focused on monitoring best practices for managed care practices in the State and work collaboratively with HCPF and DOI to inform potential improvements to managed care standards to support access to high-quality services. These resources will collaborate extensively with HCPF and DOI to ensure data-informed decision making and that stakeholder input is reflected in State policy related to the oversight of managed care entities.

- **Statewide Programs, Technical Assistance, & Innovation.** The BHA will have dedicated resources with a focus on a comprehensive workforce strategy including alternative funding, planning, and implementation. The BHA will also provide comprehensive technical assistance (TA) and training throughout the behavioral health delivery system. It will have direct administration over a subset of statewide programs including navigation support for individuals who are unable to successfully connect to services through their current payer source. It will also manage crisis programming and other initiatives that target the uninsured and underinsured, fill gaps in care, and manage pilots and other capacity expansion efforts. It will also work with OeHI and other state agencies, as well as community partners, to ensure virtual care is available when clinically appropriate.

- **Strategy, Planning, and Engagement.** This team primarily supports new state functionality. Resources here would be dedicated to (1) ongoing statewide needs assessment and strategic planning for how to address gaps in care -- statewide and regionally; (2) grievance and appeals support (analysis, resolution, and future policy recommendations to remediate trends in grievances); (3) stakeholder and community engagement ensuring local and consumer perspectives are elevated and well represented in future state policy; and (4) interagency

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liaisons to ensure cohesive collaborative strategy development and implementation across the many agencies that interact with the behavioral health system.

- **Data Strategy and Analytics**. The BHA will enhance data and analytics capabilities and have resources dedicated to informing and supporting the statewide behavioral health data strategy. The BHA will also set data reporting standards for behavioral health providers including how data will be shared across agencies. The BHA will partner with OeHI, other branches of government, and Tribal Nations to address long-term barriers to comprehensive and shared data.

- **Leadership and Operations.** The BHA leadership team includes critical ancillary support such as operations and legal. Also included on the leadership team is a position dedicated to Youth & Children.

Children & Youth

The BHA will have the ability to ensure specific populations are prioritized in the system and have a comprehensive strategy, including children and youth. The BHA will have a senior leadership position that focuses on children and youth and is expected to be the advocate for this population across all duties and functions. A team within the BHA will work with agencies on programming related to children and youth and create a more robust continuum of care. This team is expected to:

- Develop the vision and strategy for Children and Youth system of care and development of specific services and system;
- Collaborate with CDHS to ensure Colorado's child welfare services minimize Adverse Childhood Experiences (ACEs) and maximize resiliency;
- Partner with the Department of Education (CDE) to ensure behaviorally healthy educational environments and universal access to behavioral health services for students;
- Partner with the soon-to-be-established Colorado Department of Early Childhood since it is likely to include Early Intervention and Early Childhood Mental Health Consultants who will continue their alignment with early care and education providers to ensure children and providers are getting the mental health support they need;
- Partner with juvenile justice to reduce justice involvement;
- Partner with CDPHE to ensure alignment on primary prevention strategies to prevent ACEs;
- Support HCPF's ongoing efforts and co-design operations that continue to facilitate access to EPSDT in compliance with requirements;
- Identify and leverage opportunities to expand access to programming through federal match with efforts including Medicaid, SAMHSA block grant, and the Family First Prevention Services Act;
- Support training and technical assistance to expand the child and youth provider workforce; and
- Expand access to psychiatry for children and youth through various opportunities.

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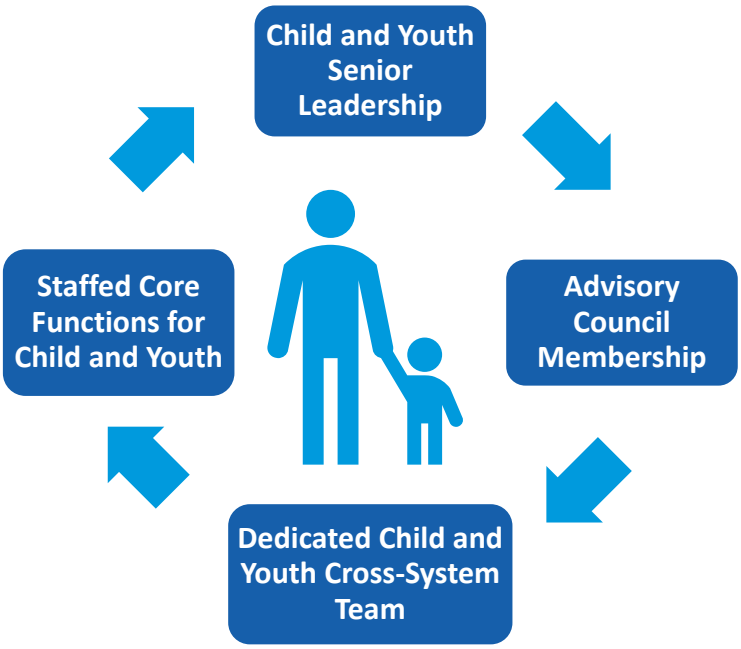
Figure 7 outlines how the various functions and structures of the BHA support children and youth.

Figure 7: Functions & Structures that Support Children & Youth

Children and Youth Focus Within the BHA

The BHA will include a number of dedicated resources focused on improving the lives of Children and Youth. The BHA will ensure initiatives executed for the identified specific and distinct needs of children and youth result in a continuum of care that is explicitly designed and responsive to the needs of children, youth, and families. As a cross sector and cross-payer entity, the BHA will leverage all its core functioning to support the child and youth continuum.



There will be senior leadership within the BHA working the dedicated cross-system resources which are designed to inform a child lens for all of the core functions:

Child and youth focused **needs assessment and planning** will identify specific gaps in care for children and youth including priority populations such as children involved in child welfare, foster care, or those with juvenile justice involvement.

A developed **funding strategy and policy** for prioritized child and youth service expansion and leveraging **alternative funding** to support services and design of the right continuum of care (including opportunities such as the Families First Prevention and Services Act).

A child and youth component of the overarching **equity strategy** for the BHA.

Elevation of **child and youth consumers and family members' voice** through dedicated resources within the BHA as well as the Advisory Council and through the dedicated cross-system resources who will listen to stakeholder input from agencies such as CDE, CDPHE, and from local governments funding child services.

Child and youth expertise and child specific evidence-based program identification to inform BHA **clinical quality standards and data reporting.**

Focused intergovernmental and local government outreach on specific child and youth considerations (part of the role of the dedicated cross-system resources role).

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Whole Person Care

Colorado's behavioral health system will be most successful when there is focus on coordinating care to treat the whole person. The BHA will provide leadership in collaboration with fellow State leaders to set a vision for meeting the needs of Coloradans from health promotion and prevention to recovery. Ultimately the BHA will influence outcomes for all Coloradans from wellbeing to coordinated whole person care for more complex and co-occurring conditions.

As Colorado continues to promote and expand whole person approaches to care, the BHA will collaborate with CDHS, HCPF, and DOI to implement and monitor consistent standards for care management, including care coordination activities contracted to managing entities such as the RAEs, MSOs, and ASOs. Through its dedicated cross-system collaboration resources, the BHA will work closely with HCPF and DOI to set payment and utilization management policies that will promote improved access, affordability, and whole person care for Coloradans.

Since CDPHE's approach focuses on the organizations, systems, policies, and norms that influence the health of environments where Coloradans live, work, play, and pray, its work will also support the BHA's commitment to whole-person care. Positive mental health and general wellbeing allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities and local economies. A person's mental health is influenced by multiple and intersecting social, psychological, and biological factors. The social determinants of health—those economic and social stability factors that shore up health and wellbeing of individuals, families, and communities—also play a vital role in influencing mental health.

From a technology perspective, OeHI and the eHealth Commission have advanced infrastructure, policy, and innovation to support whole person care. This includes a focus on social health information exchange that ensures patients and providers have access to community resources such as food, housing, and other social needs in a consistent manner. This work and approach can be leveraged to support the BHA's needs.

Equity

The BHA is responsible for addressing and ensuring the behavioral system is inclusive and equitable across all regions of the State. The BHA will focus on ensuring that the data collected reflect existing disparities in health care as well as the behavioral health needs of all populations; providing training on population-specific needs and cultures; and focusing on workforce development that is representative of the individuals served and their communities.

Staffing for the BHA includes senior staff dedicated to ensuring equity, diversity, and inclusion in the Colorado behavioral health system. BHA staff will work closely with the Office of Health Equity at CDPHE, and leverage efforts that have been initiated within CDHE, OBH, and other State agencies. Partners and stakeholders will be asked to provide suggestions and support the BHA in ensuring that equity is a cornerstone. The Advisory Council and other partners will hold the BHA accountable to achieving an equitable system.

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The BHA will also incorporate the recommendations of the Co-occurring Disabilities and Behavioral Health (CDBH) Workgroup. Those recommendations include attention to the needs of individuals with disabilities and in doing so ensuring cultural competency when carrying out the functions of the BHA. For example, cultural competency training for staff providing navigation and/or support for grievance reconciliation to ensure their understanding of the unique needs of individuals with co-occurring disabilities; establishing standards of care that are inclusive of various disabilities and unique needs of those populations; and creating and sustaining a process of dialogue and feedback with communities experiencing disparities within the system.

By streamlining data across the system, the BHA will work with CDPHE to address high suicide incidences and disparities in care access, delivery, and outcomes for vulnerable populations, including people of color, people with TBI, veterans, LGBTQ+ Coloradans, people with disabilities, and American Indian/Alaska Native populations. The data will inform the BHA's strategy, prioritization of service development, and recommendations on resource allocation to meet unmet needs -- whether that be in support of CDPHE's population-based prevention efforts or addition or adaptation of service delivery to reach those at risk. For the BHA, this may also mean identifying and securing alternative funding opportunities for training, capacity development, or piloting innovation.

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Program Alignment

Key Takeaways

A small number of programs are likely to be realigned between the BHA and other agencies to maximize expertise, leverage resources, and create efficiencies.

- Because the Community Behavioral Health (CBH) division within CDHS' Office of Behavioral Health is already doing some of the expected functions of the BHA, CBH is expected to be integrated into the BHA.
- The Mental Health Institutes should be strongly aligned with the BHA but remain separate in CDHS. The Institutes are large State-operated facilities, and the expertise required to effectively support their operation resides in CDHS. Forensic Services will remain with the Institutes at least until the 2019 Consent Decree with Disability Law Colorado regarding competency restoration is complete in 2025.
- By transitioning CBH's prevention programs to CDPHE, there is an opportunity to leverage expertise in primary prevention, as well as braiding funding to result in a greater impact in communities.
- There are benefits to moving the BHE licensing and designation to the BHA with a proper, formalized agreement with CDPHE for facility inspection. An Interagency Agreement between the BHA and CDPHE will allow for the proper and necessary involvement of CDPHE to complete activities such as inspection of 24/7 facilities.
- There are other potential opportunities for alignment—both with other State agencies and the Judicial Branch—however, more time is needed to analyze and determine what will be best for Coloradans who need access to those programs.
- Out of respect and recognition of the sovereignty for Tribal Nations, there is a longer engagement process underway to discuss the Behavioral Health Administration with Tribal partners as well as the American Indian Alaska Native (AI/AN) health-serving organizations across Colorado. It is expected that conversations with the sovereign Tribal governments will continue throughout 2022 to ensure that there is an understanding and agreement about how the BHA can partner with Tribal Nations to best meet Tribal members' needs.

A small number of programs are likely to be realigned between the BHA and other agencies to maximize expertise, leverage resources, and create efficiencies. In addition to directly overseeing a select group of programs, the BHA will:

- Identify additional capacity for services as well as regional gaps in service availability, particularly for rural areas of the State.

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- Serve as the Single State Authority for the federal government's SAMHSA (Substance Abuse and Mental Health Services Administration) and in that role work with the other State agencies for the submission and distribution of block grant funding.
- Lead the development of innovation and pilot initiatives for treatment and intervention services.
- Ensure that the crisis system is operational, meets the stated needs, and is available statewide.
- Ensure that the State grant programs are meeting their intended requirements and that their service utilization data is connected to the behavioral state-wide data structure.

Community Behavioral Health

The Office of Behavioral Health (OBH), located in CDHS, oversees and regulates the public behavioral health care system focused on people who do not have health insurance. OBH pays for services to prevent and treat mental health and substance use disorders through contracts with behavioral health providers. OBH also provides training, technical assistance, evaluation, data analysis, funding, and administrative support to behavioral health providers and relevant stakeholders.

The Community Behavioral Health division within OBH oversees and purchases substance use and mental health prevention, treatment, and recovery services across the State. The division supports and ensures quality and effective behavioral health programming in community settings in partnership with consumers, families, and community stakeholders. CBH program staff is responsible for a wide array of programs, services, and critical functions including but not limited to (1) Adult Treatment & Recovery, (2) Children, Youth, and Family, (3) Prevention, (4) Criminal Justice, (5) Data & Evaluation, (6) Licensing & Designation, (7) Business & Supportive Services. Descriptions of these programs and functions can be found in **Appendix A**.

The CBH Division is currently carrying out some of the functions envisioned for the BHA, albeit on a smaller scale. Integrating most of CBH into the BHA on July 1, 2022 will allow the BHA to leverage the existing expertise that currently resides in CBH.

The Mental Health Institutes & Forensic Services

Mental Health Institutes

OBH administers two State mental health hospitals at Fort Logan (located in Denver) and Pueblo, referred to as the Colorado Mental Health Institutes (Institutes). These hospitals provide and manage psychiatric beds, serving a range of patients who are deemed incompetent to proceed, not guilty by reason of insanity, and/or transferred from the Department of Corrections.

The Institutes were not considered for movement into the BHA primarily because they are large State-operated facilities, and the expertise required to effectively support their operation resides in CDHS and should not be moved to the BHA. It is anticipated that the Institutes will be closely aligned with the BHA.

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By not including the Institutes in the BHA, there can be an ongoing focus on improving and enhancing transitions into institutional care and out of institutional care back into the community. Serving people in the least restrictive environment is important for their well-being and is necessary to ensure the State's compliance with the 1999 Supreme Court Olmstead decision.[11] The BHA will be able to push for higher accountability in how the Institutes are leveraged within the continuum. The Institutes will work closely with the BHA, with ideas for how the BHA can support the Institutes in some of the following ways:

- Create a formal agreement that is negotiated between the Institutes and the BHA that addresses how the BHA and Institutes will work together, including on activities, roles, and expectations for each partner
- Collaborate with the Institutes to identify gaps in services, service additions especially for transitions into the community, and sub-populations or challenges that need a state-wide and systemic solution (e.g., programs for individuals with aggression, intersection of behavioral health/intellectual or developmental disability (IDD) or behavioral health/TBI)
- Convene and problem solve with Institutes, intermediaries, and providers on how to build processes that support better flow of individuals into and out of the Institutes, leveraging the full continuum while improving supports to transitions in care and community stability
- Hold providers accountable to working in collaboration with the Institutes and to integrate patients back into the community as part of the BHA Master Contract for providers
- Ensure there are population-specific targets and expectations tied to payment and designation for providers to serve high risk and complex patients coming from the Institutes, and promote the development of programs that meet the needs of individuals to avoid the use of the Institutes
- Administer increased training and technical assistance for provider readiness and capacity to work with high-risk patients and forensic patients coming out of the Institutes to improve care and to raise capacity (also aligned with implementation of the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System)
- Promote development of innovative approaches for community-based services for populations
- Assess and advocate for resources for Institutes to be able to fulfill the roles necessary in the continuum
- Leverage OIT's identity resolution service, developed by OeHI, to support data interoperability for cross-system data review and data following the person — in and out of transitions and sectors and cross-payer
- Leverage Colorado's health information and social information exchanges for key user cases to support the BHA's analytic needs

[11] On June 22, 1999, the United States Supreme Court held in Olmstead v. L.C. that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act.

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- Manage robust data collection and analysis cross payer and cross system with transparent reporting (e.g., public facing dashboard which could have a provider metric for transitions out of the Institutes)

Forensic Services

OBH also provides evaluation, treatment, and other services to the forensic population statewide. Forensic clients are individuals who are diagnosed with mental health disorders, involved in the criminal justice system, and are either currently incarcerated or living in the community. To best serve this population, OBH's Forensic Services team works across all settings, including the Institutes, jails, and the community. Forensic Services consists of five departments: Court Services, Forensic Community Based Services (FCBS), Jail Based Evaluation and Restoration, Forensic Support Team, and Outpatient Restoration Services. These departments are responsible for coordinating, managing, and responding to court orders for forensic evaluation and related forensic services statewide.

Forensic Services is more complex and nuanced in determining program alignment. Although there are opportunities to align Forensic Service programs with community-based behavioral health, it is best to wait for the 2019 Consent Decree with Disability Law Colorado regarding competency restoration for Forensic Services to be complete in 2025. The more immediate focus should be on the implementation of the SB 19-222, which has considerable changes for justice involved populations. Additionally, some Forensic Services remain State-operated, similar to the Institutes.

Prevention Programs

Within the Community Behavioral Health Division of OBH, there is a Community Prevention and Early Intervention-Substance Use Prevention Program, a Persistent Drunk Driving Program, a Marijuana Prevention Program, and an evidence-based approach to deliver services called Screening, Brief Intervention and Referral to Treatment (SBIRT). By transitioning these programs to CDPHE, there is an opportunity to leverage expertise in primary prevention, braiding funding for prevention to have a greater impact in communities, and realizing efficiencies in contracting and the provisions of technical assistance to stakeholders across the State.

Licensed Behavioral Health Entities

Colorado House Bill 19-1237 predates the work of the Task Force and its recommendation of the BHA. HB19-1237 was intended to streamline and consolidate the regulatory structure for licensed Behavioral Health Entities (BHEs)[12] and resolve duplication and conflict -- particularly when providing services for both substance use disorder (SUD) and mental health care. Implementation was specified to occur in two phases:

[12] A BHE is a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in Section 27-66- 101(2) and (3), C.R.S.

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- **Phase 1:** A facility currently licensed or previously eligible for licensure as an acute treatment unit or as a community mental health center, community mental health clinic, or crisis stabilization unit that was licensed as a community clinic will transition to the BHE license no later than July 1, 2022.
- **Phase 2:** Includes the incorporation of BHEs that provide behavioral health services for the treatment of alcohol use disorders and SUD – such entities shall apply for licensure as behavioral health entities no later than July 1, 2024.

Development of regulations for Phase 1 has been completed by CDPHE, and the transition of applicable providers into the BHE license is underway. Moving forward, there is agreement to move the BHE licensing to the BHA. An Interagency Agreement between the BHA and CDPHE will allow for the proper and necessary involvement of CDPHE to complete activities such as inspection of 24-Hour/Overnight BHE facilities. CDPHE will continue the work occurring under Phase 1 set to be completed by July 1, 2022, successfully licensing all BHE providers into a complete/responsive cafeteria licensing package. In addition, CDPHE will continue work on Phase 2 rule development in response to its existing statutory mandate, until such time as the authority for rulemaking and oversight of both Phases is moved to the BHA either in whole or modified as appropriate.

Future Opportunities for Program Alignment

There are other possible opportunities to align programs; however, more time is needed to analyze the feasibility of moving those programs before additional recommendations can be made. As the BHA is established, it should continue to identify other opportunities for alignment, including but not limited to:

- **Follow-Up Project.** The Colorado Follow-Up Project is a collaboration between CDPHE's Office of Suicide Prevention (OSP), Rocky Mountain Crisis Partners, OBH's CBH Division and health systems across the State. The program seeks to close gaps in care and support people who are transitioning out of the hospital. The Follow-Up Project is administered both by CBH and OSP, and there could be an opportunity for integration, coordination, or alignment.
- **Garrett Lee Smith Grant.** OSP has historically been the applicant for SAMHSA's Garrett Lee Smith competitive grant for youth suicide prevention. Priorities of this funding source have included training, upstream prevention, and intervention support activities. The BHA, together with OSP, should review the funding opportunity announcement if/when it is released in the future and determine the focus of the funding. If the focus of the funding is largely direct services and intervention, the grant may be better aligned with CBH in the BHA and the expertise within CBH. If the focus is more on prevention, with smaller elements of treatment and intervention, then as the lead entity for suicide prevention in the State, OSP should continue to be the lead applicant.

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Opportunities to Explore Further Alignment and Coordination

- **Peace Officer Mental Health Grant. Peace Officer Mental Health Grant.** In 2017, Colorado passed a bill for Mental Health Support for Peace Officers (HB 17-1215), Colorado Revised Statutes (C.R.S.) 24-32-3501. The funding associated with the legislation created grants with financial assistance for DOLA to provide to local governments for on-scene response services to support peace officers' handling of persons with mental health disorder and counseling services to peace officers. DOLA initially provided funding to local governments for co-responder programming that was potentially duplicative with the co-responder program within the CBH Division. CBH's co-responder program, authorized by SB 17-207 and SB 19-008, provides grants to communities to create co-responder teams with law enforcement officers and behavioral health specialists working together to respond to community needs and to support the connection to behavioral health services when appropriate. Although the co-responder portion of the programs are similar, DOLA supports local governments in identifying services to support the mental health of peace officers which is a distinct program in the State. DOLA is willing and

  interested in working collaboratively with the BHA and exploring the partnership between DOLA and behavioral health. The BHA and DOLA also need to work together to support the Legislature in understanding how programs are being used, where there is potential duplication, provide evidence for the need for specific services, and ensure funds flow to the appropriate agency based on clear roles.

- **Behavioral Health Response Program.** The Office of Emergency Preparedness and Response within CDPHE takes a public health approach to behavioral health aspects of disaster planning. There is an opportunity to better coordinate this program's activities and partnerships with Colorado's Crisis Services system and its crisis system providers. The BHA will have several tools to formalize collaboration and coordination which can be used to strengthen the relationship between the Behavioral Health Response program and the State crisis system.

Criminal Justice

The connection between criminal justice, or justice involvement, and behavioral health is well documented nationally and within Colorado. The reasons driving this intersection are complex and include social, economic, and behavioral health system design and treatment considerations.[i] Behavioral health stigma, funding, and provider capacity and expertise as well as judicial response to behavioral health also play important roles.

In Colorado, the continuum of services for individuals with justice involvement includes programs ranging from diversion to re-entry with multiple State agencies playing a role at specific points. There is some overlap or duplication of programs; however, a more significant problem exists with a lack of coordination of care between different programs in different agencies. People using services likely touch

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multiple programs, often moving between agencies and branches of government with minimal coordination.

In Colorado, there are many long-standing efforts working to improve the intersection of behavioral health and justice-involved programs including the Colorado Treatment Board (CTB), the Commission on Criminal and Juvenile Justice (CCJJ), and the Colorado Criminal Justice Reform Coalition (CCJRC). There is also a long history of challenged partnerships between criminal justice partners and behavioral health partners with distinct and separate cultures, priorities (public safety and reduction of recidivism versus treatment), and approaches.

Various agencies agree that there is considerable opportunity for the BHA to develop a more comprehensive and coherent continuum working with partners from multiple agencies and branches of government (e.g., Departments of Public Safety, Corrections, Human Services, and Colorado Judicial Branch). The BHA Commissioner must prioritize the strengthening of relationships and trust among the partners and create a shared vision across the continuum. Both the BHA and criminal justice representatives will need to work together on prioritizing program development, exploring potential alignment, and identifying funding needs. Activities that can support the BHA Commissioner and staff (specifically the criminal justice cross-system resource position designed to bring a criminal justice voice to the BHA) to advance discussion about potential opportunities for alignment with criminal justice include:

- Identification of activities needed by the BHA to build trust with partnering State agencies and branches of government
- Review of the BHTF and the Statewide Needs Assessment recommendations for criminal justice and justice-involved populations and prioritization of those recommendations and feedback for the BHA to support more rapid implementation
    - Include recommendations on continuum gaps and service changes
    - Include recommendations on how to better align programs across the continuum currently
    - Review SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System recommendations and changes for justice-involved populations and then, which additional recommendations from the BHTF and Statewide Needs Assessment remain and should be prioritized
- Identification of the main barriers to partnership among State agencies and specific recommendations and roles for how these challenges can be improved

Competency

The BHA will also assist with the State's obligation to meet and comply with the federal Consent Decree. The Consent Decree requires the State to provide competency evaluations for persons charged with criminal offenses when the issue of competency is raised, and to provide restoration treatment for persons found incompetent to proceed. This ensures that pretrial detainees will not be forced to wait in jail for months before receiving their court-ordered competency evaluations and restoration treatment in violation of their constitutional rights. Concurrently, under the Consent Decree, CDHS will avoid

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negatively impacting other persons with mental health or developmental disabilities or juveniles in their care. This requires that reforms be implemented that will allow for long-term compliance with the Consent Decree. The State's Long-Term Comprehensive & Cohesive Competency Plan outlines these necessary reforms.

Tribal Nations

Out of respect and recognition of the sovereignty for Tribal Nations, there is currently a more broadened engagement process underway to discuss the Behavioral Health Administration with Tribal partners as well as the American Indian and Alaska Native (AI/AN) health-serving organizations across Colorado. The relationship between State and sovereign Tribal governments is founded on a strong government-to-government relationship. In the effort of maintaining a meaningful government-to-government relationship with the Southern Ute Indian Tribe and Ute Mountain Ute Tribe, Colorado leadership is wanting to ensure comprehensive conversations are taking place with Tribal Nations and Tribal members.

Additionally, the State is in the process of meeting with Colorado's only Urban Indian Health Program serving the American Indian and Alaska Native community across the State, Denver Indian Family Health Services (DIHFS). Conversations and meetings with DIHFS have been initiated.

Based on the preference of Tribal partners and the AI/AN community, these conversations are best conducted in person. It is expected that conversations with the sovereign Tribal governments will continue throughout 2022 to ensure that there is an understanding and agreement about how the BHA can partner with Tribal Nations to best meet Tribal members' needs. These conversations must include the development of a data sharing strategy that respects data sovereignty and captures participation in care coordination between Indian Health Services and the over 600 providers, as well as report on outcomes.

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Partnerships & Collaboration

Key Takeaways

The BHA will work across all state agencies to ensure there is a collaborative and networked approach along the behavioral health continuum from prevention to treatment and recovery. The BHA structure includes mechanisms to ensure that the BHA relationship can endure long-term with minimal impact from changes at the executive, agency, and legislative levels.

A critical area of cross-agency collaboration will be the BHA relationship with Health Care Policy and Financing (HCPF) as the state Medicaid agency, and the Division of Insurance (DOI) at the Department of Regulatory Agencies (DORA) as the regulator of private insurance. There is strong commitment from both agencies to align with the BHA. HCPF's and DOI's roles and responsibilities are institutionalized through three mechanisms: 1) anticipated BHA enabling legislation, which details the roles and authority of the BHA and the requirements for State departments; 2) formal interagency agreements; and 3) a shared governance model.

The BHA presents an important opportunity to improve interagency coordination and drive return on investment through increased federal Medicaid match; better identification of waste and abuse; a reduction in duplicate payments; and a more efficient use of State resources. The BHA will collaborate with HCPF in the following ways:

- Partner on ongoing assessment of population needs, service gaps, and identification of opportunities for new programming within the continuum
- Support expansion of the behavioral health network, including the Medicaid provider network and provide training and capacity development of the workforce to enhance quality of care
- Identify opportunities to maximize federal dollars through Medicaid
- Report on access and quality across payers and provide data on provider quality metrics, access to care and additional performance management of behavioral health
- Jointly partner with other agencies to provide information, education and explanation to individuals, communities and providers about the limitations of federal dollars.

Working together, HCPF and the BHA will ensure children and families get increased access to timely, quality services across all payers and inclusive of the EPSDT program.

Addressing the behavioral health needs of the state requires efforts across the continuum from primary prevention to secondary prevention or intervention, and tertiary prevention which includes treatment and recovery. CDPHE is dedicated to continued collaboration across agencies and committed to working with the BHA. DOI will inform and support the standards and accountability requirements set by the BHA. The BHA will work with DOI to monitor quality and outcomes of the commercial market and continue to encourage payers to align with consistent quality and accountability expectations through contracts.

For counties, the BHA is a path to an efficient use of public funds and resources that will lead to a more effective and accountable solution for Coloradans. Counties will have a better sense of the dollars flowing into their community, and the outcomes resulting from those investments.

> The BHA is an opportunity for elevating the voice of providers. The BHA is a new and important partner to identify what is helpful and effective, to raise concerns about what is not working, to identify solutions, and to bring innovation from the ground up to the State. The BHA and providers must work together to inform and define quality metrics, share data to inform policy and payment models to promote stability, and to listen to what's needed to enhance models of care from clinical training to infrastructure supports. Providers need to be part of the new accountability design and they need to equally hold the BHA accountable for its role in system change.

The BHA will work across all State agencies to ensure there is a collaborative and networked approach along the behavioral health continuum from prevention to treatment and recovery. The BHA structure includes mechanisms to ensure that the BHA relationship can endure long-term with minimal impact from changes at the executive, agency, and legislative levels. These mechanisms include:

- Enabling legislation that clarifies the roles and responsibility of the BHA and the requirements for State agencies;
- A formal Interagency-Agreement (IA) with other State agencies that provides structure and support for a strong inter-agency relationship that formalizes expectations; and
- A Master Contract, created in collaboration with State agencies, that agencies will use with providers to establish shared expectations, streamline reporting and other administrative requirements, as well as ensure providers are held accountable to standards and requirements established by the BHA and the State agencies.
    - The agreement will outline the specific payment methodologies and roles of different provider types, so it can be standardly applied.
    - This would include provisions such as but not limited to: streamlined and consistent utilization review standards and service denials; consistent reimbursement methodologies for various care types as well as value-based payment incentives and rewards; quality and customer service standards; recovery procedures; timely payment requirements; credentialing expectations; data sharing definitions; and expectations for safety net providers and other essential community providers and clinics.

There is strong commitment from CDHS, HCPF, and DOI to align with the BHA, including an operations integration with HCPF. Through the enabling legislation, the IAs and the shared governance model, the BHA will work with State agencies to establish standards for intermediaries RAEs, MSOs, ASOs, CMAs, providers, and commercial payers.

HCPF & DOI

A critical area of cross-agency collaboration is the BHA relationship with the Department of Health Care Policy and Financing (HCPF) as the State Medicaid agency, and the Division of Insurance (DOI) at the Department of Regulatory Agencies (DORA) as the regulator of private insurance. While the agencies

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have very distinct responsibilities in administration of behavioral health funding, both are home to programs that are implemented by a shared provider network and touch the lives of many Coloradans. The artificial fragmentation of these programs and services by payer prevents the State from having a holistic view of individuals seeking behavioral health services. Staff from both HCPF and DOI with subject matter expertise will continue to participate in the existing collaborative spaces across state agencies and, with the BHA, deepen the efforts to drive and align accountability and set standards for payment, providers, and health plans.

The BHA will help preserve the expertise of HCPF and DOI, while streamlining the patient and provider experience. For example, DOI and HCPF both have administrative responsibilities regarding monitoring parity and parity compliance, while the BHA will support aggregation of grievances and complaints that inform those responsibilities.

The BHA presents an important opportunity to strengthen interagency coordination and drive return on investments through increased federal Medicaid match; better identification of waste; a reduction in duplicate payments; and a more efficient use of State resources. HCPF is a critical partner in identifying and securing federal Medicaid matching dollars and otherwise shaping the BHA's operational infrastructure to streamline the overall behavioral health system. Through this collaboration, there is a more holistic view of individuals accessing the system, and the BHA will support the State in providing higher quality, more cost-effective care to all Coloradans.

CDHS, DOI, and HCPF are unwavering in their commitment to being active, accountable participants in the work of the BHA. All agencies with behavioral health programs will be central partners to the BHA and will have specific roles and responsibilities such as data sharing, solution generation, mental health parity compliance, and shared accountability, as well as standard setting and adherence to standards. Both HCPF and DOI will have these roles as well with additional responsibilities with the BHA. HCPF and DOI will share grievance data and information on gaps in care access with the BHA to work on solution generation; work collectively on standard setting, particularly for managed care; and coordinate behavioral health benefits. HCPF will provide additional infrastructure support to the BHA for data warehousing, data analysis, claims processing and establishing and administering a Master payer-provider contract that serves all state behavioral health programs. HCPF and DOI's roles and responsibilities, as outlined in Figure 8, are institutionalized through three mechanisms: 1) anticipated BHA enabling legislation, which details the roles and responsibilities of the BHA and the requirements for State agencies; 2) formal interagency agreements; and 3) a shared governance model in which all parties actively participate in the BHA's leadership and initiatives.

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Figure 8: Roles of BHA, HCPF, DOI, and CDPHE

All Participating Agencies

- Share data with BHA
- Partner on budget and policy planning
- Educate other agencies in areas of expertise
- Particpate in shared stakeholder processes, Advisory Council
- Support strategic planning for solutions
- Report grievances and complaints
- Identify population specific, data supported needs across the system
- Fill in gaps in the system, collaboration on solutions for individuals with multi-system involvement and complex needs

DOI, HCPF, BHA

- Set standards (rules) for payment, providers and health plans
- Collaborate on standard benefits and behavioral health coverage
- Analyze behavioral health needs of communities and access to behavioral health and integrated care services
- Identify innovative ways to improve access and coverage, including use of telehealth and technology

BHA

- Statewide accountability for the behavioral heath system
- Lead agency for coordinating across agencies, regions
- Contracts with BHA intermediaries and crisis organizations
- Facility and program licensing, designation, and approval
- Single State Agency for mental health and substance use authority

DOI

- Setting regulation for carriers and ensuring compliance
- Monitor and enforce parity in carriers
- Improve accountability for commercial payers and individual marketplace

HCPF

- Managing and improving performance of Medicaid managed care entities, including RAEs
- Monitor and enforce parity in Medicaid
- Single State Agency on Medicaid authority
- Strategies on maximizing federal funding match
- Coverage for multi-system involved individuals and individuals with disabilities
- Claim processing and data analytics
- Leverage shared resources and tools (Master Contract, data, and claims systems)

CDPHE

- Statewide prevention campaigns
- Population level surveillance and epidemiology on mental health wellness, drug and alcohol use, and other related behaviors
- Evidence-based prevention programs
- Health Services Corps and loan forgiveness
- Vital statistics suicide overdose data
- Public health approaches to improve mental health and wellness

CDHS

- Economic security
- Facility operation, including Mental Health Institutes
- Forensic behavioral health services and competency
- Child welfare and foster care system

Outcomes

- Coloradans receive quality services
- Coloradans are supported in navigating the system
- Payers work together to address challenges
- Providers have the capacity and expertise to accept more complex patients

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These mechanisms support cross agency data sharing at the individual and program level, both of which are necessary to improve the consumer and provider experience within the behavioral health system. The Colorado Offices of eHealth Innovation (OeHI) and Information Technology (OIT) serve as essential partners for the BHA in developing data infrastructure, streamlining data sharing, and enhancing access to the data and data analytic capacity rapidly, efficiently, and coherently.

Currently, important work to integrate operations with HCPF and develop a single fiscal management system is well underway with funding, infrastructure development, and interoperability planning. Moving forward, as key partners to achieve accountability and transparency, OeHI, OIT, and HCPF will collaborate to create standards for behavioral health information exchange for all providers and health systems. This includes:

- Providing guidance on State interpretation of federal law in relationship to information sharing to improve consistency and frequency of data sharing
- Providing guidance on data governance
- Collaborating on a shared strategy for engagement of technology and telehealth to support behavioral health priorities and strategy, including improved access to care, expansion of options for service delivery, and data transparency, while still protecting in-person care
- Collaborating to create a single unique identifier for all Coloradans that provides a holistic view of health care and social drivers of health services received by individuals who interact with programs or providers under the BHA. This allows the BHA to track consumer engagement in behavioral health care.

Health Care Policy & Financing (HCPF)

HCPF will continue to administer the medical assistance programs; however, the BHA will be a partner in design, analysis of service gaps, and quality assurance monitoring and performance improvement to enhance access to needed services for Coloradans. The BHA is designed to work across payers and to support improved access and quality of behavioral health services regardless of payer. Specifically, the BHA will collaborate with HCPF in the following ways:

Assessment and Continuum Design: The BHA is responsible for ongoing assessment of population needs and service gaps, as well as the identification of opportunities for new programming within the continuum. The BHA will look at specific populations -- not just the aggregate -- and work to fill gaps and target programs to underserved regions and populations. This includes working with HCPF to explore opportunities within the Medicaid State Plan[13] and available Waiver authorities which can provide

[13] The Medicaid State Plan is an agreement between Colorado and the Federal government describing how that State administers its Medicaid and Children's Health Insurance Programs as a condition of receiving federal funding. Every state is required to have a Medicaid State Plan.

additional benefits to targeted and eligible populations. Medicaid Home and Community Based Services (HCBS) waivers are a set of benefits serving specific populations in addition to the Medicaid State Plan. Waivers provide services not available in the State Plan or in additional amounts for eligible Medicaid members.

Additionally, the BHA will review new federal funding opportunities, such as discretionary grants, to expand programming. The BHA will be a partner by bringing data that informs and demonstrates service need; regional variation in service capacity and gaps; and programmatic ideas from communities to inform system enhancements.

Network Expansion: The BHA can support expansion of the behavioral health network, including the Medicaid provider network, and provide training and capacity development of the workforce to enhance quality of care. A central role will be improving provider cultural and linguistic competence. As identified in the Co-occurring Disability Behavioral Health Report, the BHA and HCPF have an opportunity to mutually bolster provider capacity and expertise to serve individuals with co-occurring disabilities including the deaf and hard of hearing, individuals with complex behavioral health conditions, and all others who need culturally responsive care. The BHA will require dedicated policy staff from within HCPF to support recommendations on network and provider policy reforms, to complete federal policy review to ensure compliance with federal laws and regulations, and to integrate and implement BHA recommendations into Medicaid operations.

Support for Individuals with Complex and Co-occurring Conditions: Many individuals who are older, have physical, intellectuals and/or developmental disabilities, qualify for multiple types of public coverages including Medicaid. The BHA will work in cooperation with HCPF to develop additional policies to expand supports for these populations.

Maximize Federal Funding: The BHA will work hand in hand with HCPF to identify opportunities to maximize federal dollars through Medicaid. The BHA is also responsible to understand how to use federal dollars across State programs and to identify federal funding opportunities (with other agencies) to improve access to care and service expansion. The BHA will be looking across programs for the opportunity to leverage federal dollars in new ways. For example, the BHA can support program expansion in creative ways such as identifying places where federal Medicaid requirements create limitations for a particular program but where other programs can provide solutions. An example would be leveraging the Family First Prevention Services Act,[14] Title IV[15], or SAMHSA Block Grants[16] to add to the service array to serve children, youth and their families. Additionally, the BHA will identify state funds or alternative funding that can be braided to fill gaps or fund programmatic enhancements that expand the impact of the larger federally funded programs—especially to enhance whole person care. Through partnership with different agencies, the BHA can drive efficiencies and thereby expand the

[14] The Family First Prevention Services Act (FFPS) authorized new and optional Title IV-E funding for time-limited prevention services for substance use, mental health, and in-home parent skill-based programs for specific eligible children and youth (e.g., those who could be involved in foster care, pregnant or parenting youth in foster care and the parents or kin of those children.)

[15] Title IV are federal student aid funds administered by the U.S. Department of Education.

[16] Substance Abuse Mental Health Services Administration (SAMHSA) block grants are noncompetitive grants that provide non-Medicaid funding for substance use and mental health services and are mandated by Congress.

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impact of resources available for behavioral health in the State. The BHA will require HCPF to provide ongoing support to payment reform policy and implementation including actuarial services, rate review and analysis, federal approvals, and compliance. All expansions of the use of federal funds will be subject to standard state and federal audits, and HCPF will need dedicated staff to lead this work.

Shared Reporting, Infrastructure, and Accountability: Although HCPF is directly responsible and accountable for all Medicaid programs, the BHA will be accountable for all behavioral health in the State through the shared governance model. The BHA will report on access and quality across payers and provide data on provider quality metrics, access to care and additional performance management of behavioral health. HCPF will be an essential partner in this work by administering and operating essential data and finance infrastructure. The BHA will require HCPF to have ongoing resources to support the data and financing infrastructure and operations. For the BHA to be able to use these resources, HCPF will also need resources to ensure responsiveness to ongoing data privacy and security measures, reporting, analysis and reforms to data policy.

Education on Federal Limitations: The BHA can also be a support and partner with HCPF and other agencies to provide information, education and explanation to individuals, communities, and providers about the limitations of federal dollars. Many of these funding opportunities have complex federal policy and regulatory requirements, limitations on eligibility and populations, and high administrative demands. The BHA can support understanding, as well as clear and reasonable expectations of different programs—especially as individuals navigate programs between payers and funding sources. The BHA will require HCPF to have ongoing dedicated resources to participate and educate the BHA staff and stakeholders on policy and payments.

BHA and Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children and youth under 21 who are enrolled in Medicaid. EPSDT's goal is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting. This includes maximizing early detection and intervention whenever possible.

While this is a policy for which Medicaid must retain accountability, the BHA will serve as a problem solver and work with HCPF and any other relevant local and state agencies and services providers to allocate resources to address gaps in screening, diagnosis, and treatment and enhance implementation of evidence-based practices. The BHA will collaboratively develop policies and procedures that streamline and better coordinate processes for accessing care such as credentialing, contracting, and accountability.

The BHA can facilitate policy and program development across systems related to how to maximize the use of data in decision making and performance measurement, identify additional areas of collaboration and foster shared governance and decision-making approaches.

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EPSDT Core Program Activities

All state Medicaid agencies must ensure the provision of, and pay for, early and periodic screening, diagnostic, and treatment that is considered medically necessary for children and youth under the age of 21. EPSDT covers physical health, oral, hearing, and vision needs, and mental health and substance use disorder services, regardless of whether these services are authorized under the State's current State Plan. As long as the service can be found under the service categories listed in section 1905(a) of the Social Security Act, and the service is medical in nature; safe; effective; not experimental; not investigative; and the most cost effective of equally effective treatment, it meets federal coverage criteria. Colorado's State Plan can be found here.

Determination of whether a service is medically necessary is made on a case-by-case basis, considering the particular child's or youth's needs. In addition, the individual's long-term needs, not just what is required to address the immediate situation, are considered and include the assessment of a safe environment for treatment. States can adopt their own definition of medical necessity and HCPF makes the final decision on medical necessity.[17] Provider recommendations are taken into consideration but are not the sole determining factor in coverage. Colorado determines which treatment it will cover among equally effective, available alternative treatments.

HCPF will continue to monitor and oversee EPSDT and ensure compliance with the EPSDT regulations outlined in 42 CFR Subpart B as the Medicaid authority for Colorado. In addition, the BHA will collaborate with HCPF to ensure children and youth who are eligible are aware of and can access to the benefits and medically necessary treatment services afforded under EPSDT.

First and foremost, as described, the BHA can work across agencies and with the Advisory Council among other stakeholders, to identify opportunities and develop strategies that help improve access to EPSDT services. This includes assessment of gaps in services (which includes ongoing monitoring of the safety net for when client needs exceed the current system and network)[18], regional variation in need, and enhancing quality standards. The BHA will also support HCPF and families in identifying when requested services may have existing equally effective, available alternative treatments.

The BHA will also add additional care navigation and care coordination supports for individuals and can work with HCPF to clarify roles and responsibilities and strengthen relationships across health care providers and other child-serving programs. The BHA care navigation can also assist with identifying opportunities to engage families in other settings that will include education on the health care system and how to use resources available through the RAEs and the EPSDT program. The BHA will also lead development of the behavioral health safety net network which will enhance accountability of providers and can include requirements to serve specific populations. The BHA will also be responsible for enhanced provider training (which can include support of HCPF in assuring providers understand the

[17] See, e.g., 10 CCR 2505-10, Section 8.280 (Colorado Medicaid's EPSDT regulations)
[18] Senate Bill 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.

rules and requirements of the EPSDT program), technical assistance and support of providers, which will help build better access to quality care.[19]

Through the BHA's Advisory Council and the child and youth coordinating resources within the BHA, the BHA can amplify the voice of children and families in advocating for increased access to timely, quality services across all payers. Overall, specific programs like EPSDT and the related services can all benefit from a systematic approach to approving the state's behavioral health system.

Colorado Department of Public Health and Environment

The Colorado Department of Public Health and Environment is the principal agency responsible for public health and environmental regulation. Prevention of behavioral health issues is an integral component of public health including suicide and overdose prevention. Much of CDPHE's work focuses on the promotion of well-being by preventing or intervening in mental health challenges, problematic substance use, and substance use disorders.

Effective efforts to promote health and prevent illness typically focus on communities. Population health efforts target the community as a whole, versus the individual, creating and changing systems, environments and policies that promote the health of the larger population. Population health activities aim to prevent people from developing behavioral health issues to begin with, so they never require health care resources.

Addressing the behavioral health needs of the State requires efforts across the continuum from primary prevention to secondary prevention or intervention, and tertiary prevention which includes treatment and recovery. It also requires a comprehensive approach, aligning each of the prevention, intervention, and treatment strategies to impact individuals, families, organizations, systems, policies, and norms. The BHA is responsible for the entire continuum, as well as streamlining and improving the delivery of direct mental and behavioral health services, while CDPHE is focused more on primary prevention and dedicated to continued collaboration across agencies and working with the BHA.

CDPHE's approach focuses on the organizations, systems, policies, and norms that influence the health of environments where Coloradans live, work, play, and pray, so its work will support the BHA's commitment to whole-person care. Positive mental health and general wellbeing allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities and local economies. A person's mental health is influenced by multiple and intersecting social, psychological, and biological factors. The social determinants of health—those economic and social stability factors that shore up the health and wellbeing of individuals, families, and communities—also play a vital role in influencing mental health.

There is national recognition that a public health approach is critical to meeting the ambitious goal of significantly reducing the impact of suicide in Colorado, which is also one of the Governor's Wildly Important Goals (WIGs). As highlighted in a recent special edition of the Journal of Preventive Medicine,

[19] As part of behavioral health reform efforts, HCPF has already prioritized over $30M in rescue plan funding to expand intensive outpatient services, such as high-fidelity wraparound and home-based respite care. These investments will further support children and youth.

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emerging research for suicide prevention and best practice calls for a comprehensive, integrated public health approach across the prevention continuum in order to achieve success.[ii] "An approach to suicide prevention that focuses primarily on identifying and treating subgroups identified as being at high risk will fail to reach most people who struggle with suicidal thoughts or behaviors, and is unlikely to be effective in reducing state-level and national suicide rates."[iii]

The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention noted that, "The National Strategy recognizes that while we must continue to focus on individuals and groups at risk, we must also seek to modify the upstream societal factors that influence suicide risk and mental health, including adverse childhood experiences, unemployment, a lack of safe and affordable housing, and financial hardship." Based on national guidance and existing research and evidence in the field as well as the leadership from local communities, the Office of Suicide Prevention at CDPHE has prioritized the following core elements of a comprehensive approach: connectedness, economic stability and supports, improving access to responsive care, education and awareness, lethal means safety, and postvention.

It is expected that staff at CDPHE with expertise in primary prevention of behavioral health concerns will continue to participate in the existing collaborative spaces across State agencies and deepen partnerships with the BHA to drive and align complementary strategies for primary prevention across the State.

See **Appendix B** for additional details on CDPHE's work related to behavioral health.

Counties & Municipalities

The BHA is a game changer for counties and providers who have struggled with fragmented and complex funding streams, contractual requirements, data gaps, reporting standards, and often competing and even contrary administrative rules. As arms of State government, counties are mandated to provide public health, criminal justice, and human services at the local level. When the behavioral health system falls short, these local county safety net systems have become the fall back.

Counties have cited delays in service authorization that put children at risk and necessitated more immediate provision of services using county funds. Some counties have developed funding sources through mill levies and other mechanisms to pay for services because the State has not been able to deliver everything that is needed.

For the State—and also for counties—the BHA is a path to an efficient use of public funds and resources that will lead to a more effective and accountable solution for Coloradans. It will serve as the lead collaborator on strategic planning between counties and the State to ensure that taxpayer dollars are well spent and that consumers have access to the services they deserve. Counties will also have a better sense of the dollars flowing into their community, and the outcomes resulting from those investments.

The proposed Advisory Council will ensure that counties have a genuine voice and input about what is needed in their communities, as well as identifying solutions that are effective. Counties and other local governments can share grievances or concerns on system needs and changes with the BHA. This can be

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done through a grievance or through the BHA Advisory Council or other positions devoted to county and inter-governmental relations.

Providers

In recent years, the State has strived to increase its understanding of local needs and challenges and to provide greater flexibility so that providers can enhance services and capacity. It is not enough. In the three rounds of stakeholder engagement that took place between January and October 2021, over 120 individuals representing providers participated in the meetings. The insights they provided helped to shape the vision and functions of the BHA.

The BHA is an opportunity for elevating the voice of providers. The complexity of the current behavioral health system is most felt by the individuals seeking services; however providers are also highly impacted by the fragmentation in funding, the lack of shared vision across departments, discrete and separate standards, regulation, and shifting priorities. They are also highly impacted by changes in population needs, increasing demand for care, and workforce shortages. The BHA is a new and important partner to identify what is helpful and effective, to raise concerns about what is not working, to identify solutions, and to bring innovation from the ground up to the State.

A central role of the BHA is to enhance accountability of care which means working hand in hand with providers to inform and define quality metrics, share data to inform policy and payment models to promote stability, and to listen to what's needed to enhance models of care from clinical training to infrastructure supports. The BHA provides a convening function to bring all the partners to the table and create solutions that will lead to effective outcomes. Providers need to be part of the new accountability design and they need to equally hold the BHA accountable for its role in system change.

Providers can inform the BHA on:

- Service gaps
- Regulatory barriers to innovation
- Innovative models that are demonstrating outcomes
- Social determinant of health or other social barriers relevant to access challenges
- Navigation approaches and information on how to best engage and connect individuals to care
- Payment and cost of care
- Data on other key elements such as utilization, authorization for programs, and more

The BHA is also a central partner with providers in workforce development, retention, and training. As the BHA sets a vision and strategy for workforce and engages other partners such as CDLE, academic institutions, and others, it will also be key to have providers' voice and experience to inform strategy. The BHA can also support provider organizations in sharing hiring and retention successes as well as identifying where barriers remain. Working with providers for example on administrative burden is one way in which the BHA has already been asked to support public sector provider retention. Providers have a wealth of information, data, and experience to inform the BHA on workforce and to be a partner in pilots and other shared efforts.

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The Master Contract will set expectations and standards that are expected of providers from all State agencies. The BHA will align resource allocation across agencies to support a statewide and strategic approach to behavioral health funding to ensure that all possible monies are being invested into patient care. By identifying alternative funding sources to support service gaps and innovative programming, the BHA can support specific priorities and initiatives that otherwise lack funding. While the BHA will also set quality standards to ensure all Coloradans have access to the same quality of care, as well as increase provider accountability, the BHA must provide meaningful and substantive technical assistance so that providers have the support they need to be successful.

Much of Senate Bill 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System focuses on capacity building for providers to serve priority populations, as well as those providers that integrate mental health and SUD treatment. The BHA must continuously partner with the provider community to understand how the BHA can support their needs as they continue to serve Coloradans.

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Data Integration

Key Takeaways

The BHA will be responsible for managing behavioral health data and analyzing the data across agencies and sectors to provide a comprehensive view of behavioral health in Colorado. The BHA will build from existing infrastructures and existing efforts to revise how data is collected, stored, shared, and reported. The BHA will take advantage of opportunities to adopt a holistic view of health care and social drivers of health services received by individuals who interact with programs or providers under the BHA. This will allow the BHA to better understand what behavioral health services individuals are accessing, who is paying for these services, and where there are gaps in the continuum.

The BHA will be working to streamline administrative rule and to support revisions to provider accountability through a Master Contract used across State agencies. This will dramatically reduce individual requirements by agency and program resulting in reduced administrative burden for providers.

Ultimately, these initiatives will help Colorado improve quality and outcomes, as well as achieve cost efficiencies by reducing duplicative services and programmatic redundancies.

The BHA has a significant role related to data and infrastructure for Colorado's behavioral health system. In the current state, data is sourced from multiple, disconnected, and disparate systems, with varying levels of data quality. To monitor the performance of and improve the behavioral health system in Colorado, the BHA will need detailed information on the programs and services individuals access across the State.

The BHA will closely partner with HCPF, as well as OeHI, on a robust and integrated data system for behavioral health. The BHA will work in concert with OeHI to improve data integration and data sharing across providers, State agencies, and other partners within the system. When appropriate, the BHA will leverage HCPF's data infrastructure, such as claims processing and data warehousing. Ultimately, it will be the BHA that will be responsible for managing behavioral health data and analyzing the data across agencies and sectors to provide a comprehensive view of behavioral health in Colorado.

Individuals with behavioral health needs often have other social support needs, related to housing, food, transportation, childcare, etc. that both contribute to their symptoms and complicate accessing treatment, recovery, and support services. A whole person approach to behavioral health requires collecting information about social needs and access to services, as well as medical information such as diagnoses. This information can help treatment providers and care coordinators develop comprehensive care plans. For this purpose, the BHA will monitor data elements that track health care services provided

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to individuals across multiple State and federal programs, as well as programs provided by community-based organizations (CBOs) and entities outside the traditional health care system (i.e., programs that address the social determinants of health [SDoH]). To do this, the BHA will need an Enterprise Master Patient Index (EMPI), which is a database used by healthcare organizations to maintain accurate medical data across its various departments for each patient as each patient is assigned a unique individual identifier. Fortunately, the BHA can build on the existing work of OeHI and OIT to leverage a unique individual identifier and source of truth for each patient. It will provide a holistic view of health care and social drivers of health services received by individuals who interact with programs or providers under the BHA. This service established by OIT in partnership with OeHI, HCPF, and CDHS was designed with broad stakeholder input and advised by Colorado's eHealth Commission. The key objectives of this approach are to leverage existing infrastructure, position the State for federal funding match, and build capacity of technical services. As part of this approach, the State is leveraging CORHIO's identity resolution services and technical assistance. CORHIO, now referred to as Contexture, is based in Colorado and Arizona and is one of the largest Health Information Exchanges (HIE) in the U.S. CORHIO's EMPI and identity resolution services are proven, trusted, and validated by the State. OIT is offering access to CORHIO's identity resolution services and providing additional data services and data governance support. Currently OeHI is funding the subscription for this service for all health and human service agencies leveraging funds from Colorado's Health IT Roadmap. State agencies can access this key service at no additional cost this year by contacting OIT.

Another key component of clinical data integration is access to and use of the health information combined with a social health information exchange. This is a core strategy of Colorado's Health IT Roadmap and several State agencies including OeHI are funding and incentivizing this work. OeHI is investing $6.4 million toward health information exchange, analytics, and technical assistance for rural safety-net providers and braiding new and existing funding to support whole person care.

HCPF is investing $1,420,001 to onboard rural providers to HIE which include BH providers, and CDHS is investing $610,000 to onboard Behavioral Health providers. Using funds from the American Rescue Plan Act (ARPA), HCPF has also prioritized funding to support the use of social support information in health information exchanges and onboard case management organizations onto the HIE.

This technology will allow the BHA to better understand what behavioral health services individuals are accessing, who is paying for these services, and where there are gaps in the continuum of care. Ultimately, this will help Colorado improve quality and outcomes, as well as achieve cost efficiencies by reducing duplicative services and programmatic redundancies. Specifically, at the aggregate level, this holistic view of the individual consumer informs several other important BHA functions, including:

- Understanding individual and aggregate patterns of engagement with behavioral health services
- Delivering better patient experience through data transparency and convenience
- Improving whole person care and identifying gaps in care at both the individual and system levels
- Identifying and measuring access to care issues
- Supporting care coordination strategy and quality

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- Helping identify upstream interventions (e.g., patterns of utilization) where an intervention could have prevented downstream system engagement in acute care, inpatient, residential, criminal justice system, etc.
- Leveraging the holistic data to identify populations with disparities, regional variation in need, and service gaps within the continuum
- Informing strategic planning efforts and the allocation of funds

Achieving data integration will require significant changes to the data infrastructure across State agencies and is connected to efforts already underway, as well as initiatives that will need to be developed in the future. It will require the consolidation of data from multiple sources, including payers and State agencies, into meaningful and actionable information. To achieve cost and time efficiencies, the State can leverage proven, existing technologies. By enabling a unified, single data set, the BHA's capacity for analysis is improved, as is forecasting and decision-making.

One of the expectations of the BHA is to reduce the administrative burden for providers. Streamlining data is another intersection that the BHA shares with SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. The Safety Net Plan outlines multiple ways in which administrative burden can be reduced through clearer accountability, payment for quality services, and revision of rule and statute. In coordination with the execution of the Safety Net Plan, the BHA will be working to streamline administrative rule and to support revisions to provider accountability through a Master Contract used across State agencies. This would dramatically reduce individual requirements by agency and program and promote higher accountability to the State, as well as streamline data for the BHA to analyze.

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Focusing on Outcomes

Key Takeaways

Coloradans should have positive outcomes and feel a sense of improved quality of life because of their interactions with the behavioral health system.

- Under the BHA, data will be streamlined across State agencies, payers, sectors, and providers to illustrate a comprehensive view of what is working and where gaps remain in the behavioral health system. The BHA will define what data and metrics are necessary to monitor the behavioral health system and its stakeholders.
- A core function of the BHA will be setting standards for behavioral health, clinical quality standards, and accountability metrics. This will be done via partnerships that the BHA has with other State agencies and by identifying specific accountability metrics embedded into a master contract.
- Because many behavioral health programs, services, and supports will continue to be administered by other Colorado departments and agencies, the BHA will promulgate rules that outline the collaborative activities and tools that will be utilized to support these essential BHA functions.
- The phased approach to design a performance measurement system that sets standards of care will also align with SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.
- The BHA will submit an annual report to the General Assembly. The report will include a statewide status update on issues related to access to care, system fragmentation, collaborative activities with other state agencies, use of public funds including efforts to maximize federal dollars, equity and inclusion. It will also provide progress in meeting its annual goals and Key Performance Indicators (KPIs).
- A phased approach that is grounded in a multi-stakeholder roadmap for measuring and improving quality in behavioral health care will ensure that Coloradans see improvements in the system.

The cross-payer performance measurement system established by the BHA will improve and strengthen Colorado's behavioral health system. The BHA is responsible for setting state-wide performance and quality standards that align with each of the 6 pillars and for establishing a continuous quality improvement (CQI) process.

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Under the BHA, data will be streamlined across State agencies, payers, sectors, and providers to illustrate a comprehensive view of what is working and where gaps remain in the behavioral health system. Consolidating data to meet the aims of the BHA will:

- Create **consistent clinical quality standards** for all behavioral health providers to use to measure performance;
- Create **consistent definitions of data elements and metrics**, including numerators and denominators, on key quality metrics;
- **Improve accountability through reporting requirements** to ensure providers and intermediaries report data to the State, including complete, accurate, and timely claims/encounter and administrative data;
- Develop quality metrics and define analyses needed to **examine quality for specific populations and subpopulations** to improve understanding of potential gaps in care, disparity in quality or outcomes and identification of individuals or groups most in need of improved quality;
- Provide clear guidance on validated assessment tools to **promote identification of behavioral health and measurement of progress** offering quantitative data on system improvement; and
- Provide **meaningful analysis and population health data** for the State (and reduce unnecessary data collection) as a result of prioritizing critical data elements.

Coloradans should have positive outcomes and feel a sense of improved quality of life because of their interactions with the behavioral health system

The development of a performance measurement system provides opportunities to transform the system from current state to a future state that aligns with the data needed for the BHA to be a strategic and data-driven entity. Rather than continue to collect all of the data that is currently requested of providers, the BHA will redefine what data and metrics are necessary to monitor the behavioral health system and its stakeholders and will require HCPF to provide dedicated resources to this effort. In collaboration with other State agencies, the BHA will also establish Wildly Important Goals (WIGs) that are reflected on the Governor's public dashboard and align with the efforts to improve Colorado's system.

The ability for the BHA to measure quality and outcomes of behavioral health care is driven by the way care is organized, including clinical standards of care (i.e., quality measures, care delivery and managed care standards), technology and infrastructure solutions, and payment structures.[iv] Therefore, measuring quality requires a combination of changes in both clinical practice as well as how the data is collected, shared, and analyzed.

A fully functional performance measurement system will take several years to develop. Thus, a phased approach that also aligns with the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System is recommended to ensure Colorado's behavioral health system has the foundation in place to drive the development and utilization of a quality performance measurement system. Concurrently, efforts will be focused on setting standards and providing adequate oversight.

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Standards of Care & Performance Measurement

Key Takeaways

In coordination with the implementation of *SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System*, the BHA will research, develop, and publish population-specific standards of care (inclusive of network adequacy and access measures, wait-time/waitlist limits, and general care considerations) and set clear and reasonable outcomes to measure the quality of the behavioral health system.

One of the core functions of the BHA will be setting standards for behavioral health, clinical quality standards, and accountability metrics. This will be done via partnerships that the BHA has with other State agencies and by identifying specific accountability metrics embedded in a Master Contract. That Master Contract is expected to be used by State agencies funding behavioral health service delivery. The BHA will also work closely with HCPF and DOI to set payment and utilization management policies that will promote improved access, affordability, and whole person care for Coloradans. This will build off of the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.

The BHA will also research, develop, and publish population-specific standards of care (inclusive of network adequacy and access measures, wait-time/waitlist limits, and general care considerations) and set clear and reasonable outcomes to measure the quality of the behavioral health system for different populations.

The BHA will review and update existing standards of care, including program, service, licensing, and documentation requirements to establish a core set of expectations for behavioral health service delivery within Colorado. The BHA will provide best practices on managed care standards and provide data to HCPF and DOI through the needs assessment on opportunities to improve network adequacy as well as other gaps identified through data, grievances, and other sources. HCPF and DOI will maintain the authority to administer standards and change policies for Medicaid and the Commercial market (respectively), however, both will work closely with the BHA to enhance standards and improve outcomes for Coloradans. Through collaboration, the BHA can support HCPF and DOI in setting contract or accountability requirements respectively for managing entities, such as application of practice guidelines in support of utilization management activities, including services requiring prior authorization. CCR rules will solidify ongoing collaboration by outlining the BHA's role in the development of a Master Contract, leveraged by HCPF and other agencies. Within the BHA CCR, contract components to be addressed will be outlined, including data reporting requirements to support quality assurance.

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Providing Adequate Oversight of the Quality of Services

Among the core functions of the BHA are standard setting and quality oversight of the statewide system of care, both elements that support accountability within a behavioral health system that puts Coloradans first. Because many behavioral health programs, services, and supports will continue to be administered by other Colorado agencies, the BHA will promulgate rules that outline the collaborative activities and tools that will be utilized to support these essential BHA functions. This will be achieved through other agencies' existing rule-making authority whether that be through the Department of Human Services Board, the Medical Services Board for HCPF, the Board of Health for CDPHE, or other rule making boards. As such, the BHA will specifically engage with HCPF to ensure behavioral health system standards maintain consistency with Centers for Medicare and Medicaid Services (CMS) regulations as well as other federal requirements. The BHA will design, inform, and set standards through shared governance as well as provide support to agencies in development of supporting materials needed for the process of their rule making. The BHA will also create its own administrative rule to define and support its functions and the public sector behavioral health provider rule through the Department of Human Services' Human Services Board.

Capacity Building Support

To ensure that equity is one of the cornerstones of the behavioral health system, specific data collection requirements will be included in the Master Contract. Provider capacity building trainings and tools will be offered, as well as:

- Expanding knowledge of determinants of health and sharing equity data analytic results with system stakeholders to ensure the utility of data collection is understood and leveraged.
- Working with appropriate stakeholders to develop additional measurements and ensuring that data tracking systems and new data integration efforts include data items to assess contextual factors (e.g., social determinants of behavioral health including socioeconomic factors and unique issues associated with geographic variability that will facilitate an understanding of trends and differences).
- Focusing efforts to improve the completeness and accuracy of mental health and substance use treatment data.
- Ensuring that the new data integration efforts and systems include processes to ensure high data quality and facilitate on-going monitoring of needs and emerging concerns by key demographics.
- Setting up processes (e.g., data reports) to continually analyze behavioral health patterns among priority populations in relation to population shifts, policy changes, and other contextual factors to monitor trends and pinpoint contributors to change over time.

Report to the General Assembly

Consistent with its commitment to transparency and accountability, the BHA will submit an annual report to the General Assembly. The report will include a statewide status update on issues related to

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access to care, system fragmentation, collaborative activities with other State agencies, use of public funds including efforts to maximize federal dollars, equity and inclusion, and its progress in meeting its goals and Key Performance Indicators (KPIs).

The report will also include a section authored by the members of the Advisory Council with support from BHA staff as needed. To ensure this section reflects the view of the Advisory Council membership, the BHA will not provide any unsolicited editing for this section of the report.

Phased Approach to Setting Standards Aligned with the Performance Measurement System

The BHA will be a conduit of information on how Colorado's behavioral health system is performing so that other State agencies can use that information to make the necessary modifications. The BHA will hold itself *and* its partners accountable to achieving agreed-upon outcomes. During the time it will take to establish a data interoperability and a performance measurement system, the BHA must be transparent about the vision for the performance measurement system and the progress in the phased approach for implementation. A BHA Performance Dashboard will set expectations for the key milestones for a quality performance measurement system and the extent to which progress is being made towards this vision.

A phased approach that is grounded in a multi-stakeholder roadmap for measuring and improving quality in behavioral health care[v] will gain the confidence of Coloradans as they see improvements in the system. At every step of the development process, the roadmap must engage consumer and provider perspectives, and also incorporate the clinical standards of care including those of payers and health systems.

Additionally, Colorado will develop a methodology to specifically measure **access** to behavioral health services across payers. Such methodology does not currently exist in any State. To know if and when the behavioral health system is accessible to all Coloradans, a methodology must be developed since that is the broad determination being used to demonstrate compelling progress.

Phase 1: Laying the Groundwork

The BHA will:

- Establish a BHA Dashboard to provide transparency about the process and progress against the performance measurement plan.
- Establish consistent standards for data collection and reporting as well as data sharing including provider requirements and accountability for complete, accurate, and timely encounter data that is cross payer.
- Invest in data system interoperability to measure quality across settings, including the use of a unique identifier for each person. Without the use of the unique identifier, examining utilization and access to care across settings is not possible.

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- Develop and agree to a minimum set of performance measurement standards across behavioral health providers, including those providers embedded in physical health settings or other settings (e.g., jails, community corrections, schools, adult, and child protective services).
- Work progressively from setting a minimum set of performance measurement standards to more progressive standards as the system evolves. For each clinical standard, the BHA will need to provide a set of structural, process, and outcome metrics with clear definitions, data collection protocols, and an analytic plan to ensure there is reliable data across providers and to support data comparability. Additionally, a limited set of clinical standards and associate core metrics will be identified and implemented across all providers.[20]
- Involve key stakeholders in the selection of quality metrics, with consideration for alignment to the standards of care, reduction on provider burden, safety net (i.e., SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System) performance measurement goals, and alternative payment models.
- Focus on targeted measures by provider type, geography, and behavioral health risk or severity—applying a risk adjustment approach to control for factors beyond providers' control, such as severity of illness, medical history/health status, and socio-demographic factors.
- Develop standardized methodologies for the data metric definition, collection timeline, reporting, and analytics of each key metric. For example, access to a behavioral health treatment within seven days of hospital discharge is currently defined differently by different providers and settings.
- Support the development of infrastructure for providers to collect common data elements which are embedded in Electronic Health Records (EHRs) and other IT tools needed to monitor the implementation of standards of care and assess consumer outcomes.

Initially, during Phase 1, any public reporting of the selected quality metrics will focus on State and regional level analysis to allow time for providers to adjust workflows and build capacity for any new data collection and reporting.

Phase 2: Performance Measurement and Improvement

During Phase 2, the BHA will support system stakeholders in the implementation of standards of care and performance measurement. During this time, the BHA will begin to measure performance and conduct in-depth and internal assessments of that performance at the provider level. Data will be

shared with providers for the purpose of quality improvement in standards of care implementation and workflow, as well as to support provider capacity to collect and report data. Throughout this phase, the BHA will continually evaluate and assess metrics to assure that the BHA is getting the "right" data. This

[20] As an example of what could be done in Year One: An early clinical standard might be universal screening which would then support the implementation of measurement-based care in future years. For more advanced providers, the BHA could potentially pilot more progressive clinical standards and related quality metrics.

means carefully considering the intended use of the data and focusing on a minimum and meaningful data set. The assessment includes examining to what extent the data being collected continues to meet an intention of understanding quality and that the data is used in decision-making to improve quality and access to services.

Phase 3: Move towards Greater Public Accountability

Once there is provider and State confidence in the selected set of quality metrics, including the development of reasonable benchmarks or targets, the metrics will become part of the public-facing accountability tools.

Behavioral Health Administration Dashboards and Tools of Performance

Three tools will be used by the BHA for performance measurement and supporting improved consumer access to the behavioral health system of care. Together, the tools offer a proposed set of performance metrics and take into consideration the phased approach of a performance measurement system. The three accountability and consumer facing tool templates include:

1. **BHA Performance Dashboard**. A Consumer Assessment of Healthcare Providers and Systems (CAHPS), a provider survey data, performance data, population health data, and claims/encounter data will monitor progress in the BHA's commitment to transform the behavioral health system.
2. **Care Navigation and Consumer Experience Rating.** Network data by zip code, providers, specialties, and payers consolidated in a real-time provider database will feed a "Provider Directory." Consumer surveys, CAHPS, provider survey data, and performance metric data can be used to inform a Consumer Experience Rating Scorecard.
3. **Provider Quality Scorecard.** Surveys, CAHPS, provider survey data, performance data, and claims/encounter data can inform a provider quality scorecard.

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Grievances, Appeals and Ombudsman Services

Key Takeaways

A workgroup embodying more than 50% consumers will review the grievance and appeals (G+A) process from other agencies and help to design a recommendation for the BHA's G+A process. The workgroup will recommend definitions and specify the assistance that the BHA can offer. The workgroup will also recommend how the Behavioral Health Ombudsman office and the BHA align efforts or differentiate their purposes.

The Behavioral Health Ombudsman Office of Colorado (BhoCO) was established by Colorado House Bill 18-1357 and House Bill 19-1269. The BhoCO operates independently from Colorado's governmental agencies, insurance carriers, and behavioral health providers. The role of the Ombudsman office is to:

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

Currently, HCPF and DOI both have their own appeals and grievance processes in place. Thus, individuals and family members who have a grievance with any provider, State agency, or commercial insurance carrier should follow the established grievance process with that entity.

Stakeholders have asked for a more comprehensive approach. The BHA is anticipated to accept grievances if they are not resolved in a timely or acceptable manner and will be the place for grievances that have no other appropriate avenue. State agencies will share data on the behavioral health-related

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grievances they receive. The BHA will analyze grievances (by provider, by topic, by region, by payer, etc.) to identify consistent problem areas that will inform changes to the system. The BHA will hold its partners publicly accountable to ensure they implement the solutions that address the problem areas. The BHA will establish a tracking system that will benefit all State agencies on the status of grievances and identify trends (i.e., patterns of problem areas).

Keeping people at the forefront of this work, a workgroup embodying more than 50% consumers is expected to begin meeting in early 2022 to design the BHA's grievance and appeals process. The workgroup will study how other agencies define, collect, and report on grievances and appeals. It will also consider the work of the Ombudsman Office and distinguish the work of that office with that of the BHA's grievance process, or align their purposes.

By the summer of 2022, it is expected that the workgroup will put forward recommendations outlining the following:

- How grievance and appeals data from other agencies (i.e., HCPF and DOI) will be collected and shared with the BHA, and how the BHA should analyze the data to identify patterns of problems
- Proposed definitions of complaints, appeals, and grievances
- Who can submit an appeal or grievance
- Process to file a grievance or appeal, including the timeline that should be followed (e.g., the BHA should acknowledge receipt of a grievance in xx days)
- What assistance the BHA might provide to people who are filing a grievance or appeal (i.e., auxiliary aids and services upon request, providing interpreter services and toll-free numbers that have adequate TeleType/Telecommunications Device for the Deaf (TTY/TDD) and interpreter capability), and the process to refer a person when the BHA is not the best-positioned entity to resolve the grievance or appeal
- Who makes decisions about appeals and grievances and how they are made
- How information about the appeals and grievances brought to the BHA are reported to the public
- How the BHoCO and the BHA align effort or differentiate their purposes

Numerous stakeholders want a system-wide grievance and appeals process. This piece of work is critical as it brings human problems into the open so that the BHA can learn about those and hold stakeholders accountable to implementing corrective actions.

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Critical Strategic Initiatives

Key Takeaways

The BHA will coordinate and align different initiatives across the behavioral health system. Beginning in July 2022, the BHA will oversee and coordinate initiatives such as care coordination and SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. Additionally, the BHA will hire a statewide Workforce Development Specialist who will prioritize recommendations to address the workforce shortage.

One of the pillars identified by the Task Force is Whole Person Care, much of which can be addressed through care coordination. The State has identified the core elements, as well as key components, of models that currently exist across programs and providers in Colorado. A workgroup comprised of everyday Coloradans shared the need for a centralized system to learn about and access services, specific to behavioral health and broader social and economic wellness needs. The funding received from the Behavioral Health Recovery Act (SB21-137) in 2021 is a significant step in addressing the whole person. Plans are underway to develop a centralized gateway for information for patients and providers that facilitates access and navigation of behavioral health care services and support. CDHS, in collaboration with HCPF, will use the funding to create a website and a mobile application to help Coloradans initiate care and navigate to the right benefits and supports, including local resources such as food and housing assistance. Ongoing stakeholder engagement and planning will inform a more personalized adaptation of care coordination in Colorado. There needs to be further analysis to determine how much more the workforce would need to be expanded and extended to ensure that care coordination is available for all those that need it.

The model outlined in SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System will be integrated into the BHA in July 2022. The model identifies a continuum of behavioral health services that all communities must have access to in each region of the state, which is in alignment with the BHA's goal to have a comprehensive, equitable, effective continuum of behavioral health services in Colorado. The expected outcome of the model is to close the gaps in the current delivery system and ensure that individuals with the most difficult-to-treat mental health disorders receive services. In alignment with the safety net plan, the BHA has an opportunity to identify, monitor, and respond to behavioral health disparities across all populations.

One of the pillars identified by the Task Force is Whole Person Care. The funding received from the Behavioral Health Recovery Act (SB21-137) in 2021 is a significant step in addressing the whole person. Plans are underway to develop a centralized gateway for information for patients and providers that facilitates access and navigation of behavioral health care services and support.

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CDHS, in collaboration with HCPF, will use the funding to create a website and a mobile application to help Coloradans initiate care and navigate to the right benefits and supports, including local resources such as food and housing assistance.

The behavioral health workforce shortage that currently exists in Colorado is reflective of what is happening at the national level. Recommendations resulting from the Behavioral Health Workforce Development Workgroup can be implemented by the BHA -- especially because the BHA will have a person dedicated to addressing the behavioral health workforce needs across the State. Recommendations reflected six themes: (1) expand on recruitment efforts; (2) broaden the current workforce; (3) retain current professionals and providers; (4) develop and increase its capacity of a culturally competent licensed and unlicensed behavioral health workforce; (5) seize funding opportunities to maximize federal dollars; and (6) invest in a behavioral health workforce committed to equity, diversity, and inclusion.

Care Coordination

The Task Force recommended that, under the governance of the BHA, the State will establish a structure for regional support that offers care coordination and management to help consumers and families initiate care and navigate to the right crisis supports, get assistance with mental health and substance use disorder needs, and access services that address the social determinants of health and preventive care services.

What We Have Learned

The implementation of care coordination was part of Phase Two of the Task Force's recommendations. In preparation for the planning and implementation of care coordination, the State engaged a contractor in early 2021 to conduct a 3-part study. The first part of the study outlined Colorado Models of Care Coordination. Findings from this study fell into three buckets:

1. **Defining care coordination.** The way in which care coordination is defined or the core elements of the models varies across programs and providers. There are three levels of care coordination:
    a. **Navigation:** for individuals with the straightforward need of help navigating the barriers and complexities of the healthcare system, navigation serves to identify the appropriate resource and assist the person in accessing the care that they need. This includes warm referrals and support along the way, such as helping to identify goals, needs, and a plan.
    b. **Care Management:** supports individuals and families with co-occurring behavioral and physical health challenges to understand and self-manage chronic and complex health conditions more effectively. This is disease specific, such as diabetes care management.
    c. **Case Management:** targeted to individuals with serious mental illness (SMI), this is the most comprehensive level of coordination. Case management includes navigation and care management and involves outreach, planning, problem solving, and self-management support. Case management includes a convening function on behalf of people with complex care needs and multiple providers, bringing healthcare and community-based service providers together for the purpose of care planning and coordination.

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2. **Goals of coordinating care in behavioral health.** There were three main goals identified for coordinating care in behavioral health in Colorado. They include:
    a. **Goal 1: To keep people from "falling through the cracks"** (e.g., lost to care; without needed resources). This goal of care coordination includes the action of identifying an individual and a family's immediate and long-term needs and then making it easier for them to get those needs met. It requires providing short-term and/or long-term supports to stabilize a person in crisis and then meet their needs.
    b. **Goal 2: To create a strong whole person, cross-system of care**. This goal includes assuring effective communication and coordination of care across multiple systems, where the care coordinator assumes the role of maintaining the overall picture of needs. In behavioral health care coordination, this may often mean establishing warm-handoff relationships to unfamiliar or new resources (i.e., residential treatment) and following up to ensure that services are received.

    c. **Goal 3: To achieve positive physical and behavioral health outcomes for the individual while also supporting health care and community-based providers with resources to know how best to achieve those positive health outcomes**. Some outcomes include increasing individual and family engagement, decreasing emergency department (ED) visits and/or hospitalizations, and reducing costs.

3. **Key components of successful care coordination in behavioral health.** There were 11 common themes identified as key components of successful coordination in behavioral health:
    a. Care coordination is best when operationalized and customized to the local community.
    b. Care coordination requires not only uniquely dedicated staff and resources, but also a unique set of skills.
    c. Care coordination in behavioral health is a trifecta of relationships, technology, and data sharing.
    d. Depending on the intensity and types of needs an individual has, care coordination can be provided by a professional(s) and/or paraprofessional(s).
    e. Training on care coordination in behavioral health needs to be experiential and hands-on.
    f. Multiple channels are used to identify and engage individuals in care coordination, from individuals self-identifying a need for care coordination to proactive outreach and engagement of individuals with complex care needs.
    g. Partnerships are key and require shared understanding of care coordination.
    h. The top three care coordination services identified in Colorado are (1) helping to link to community resources, (2) transitioning care, and (3) monitoring and follow up.
    i. Automated data sharing systems that provide a comprehensive look at an individual's care needs and care received, along with referrals and follow-up, significantly reduce barriers to care.
    j. Funding care coordination activities needs to be reliable and sustained.
    k. An ultimate outcome of care coordination in behavioral health is to eliminate the need for care coordination because the person's needs are met, or they have acquired the skills to navigate the system without assistance.

The analysis of Colorado's care coordination programs, as well as research informed by studying other states, informed a series of strategies and a set of recommendations to strengthen and scale successful care coordination programs within Colorado. Those strategies and recommendations will be considered for implementation as the BHA is established and throughout ongoing efforts to launch care coordination.

What Coloradans Shared

The State worked with a contractor to convene everyday Coloradans from across the State who weighed in on the State's care coordination vision. The discussion included 70 participants, representing diversity in terms of race/ethnicity, age, disability status, sexual orientation, and gender identity. The participants have lived through diverse experiences, including migrating from another country, facing housing insecurity, surviving violence, and parenting a child or adult with significant behavioral health challenges. These community members are ensuring that the State stays focused on person-centered care and care coordination.

Across all identity groups and regions, the need for a centralized system to learn about and access services, specific to behavioral health and also broader social and economic wellness needs, was paramount. Therefore, many of the participants' suggestions are integrated into a Statewide Resource Navigation Hub with Regional Connection Centers.[vi] (See **Figure 9**).

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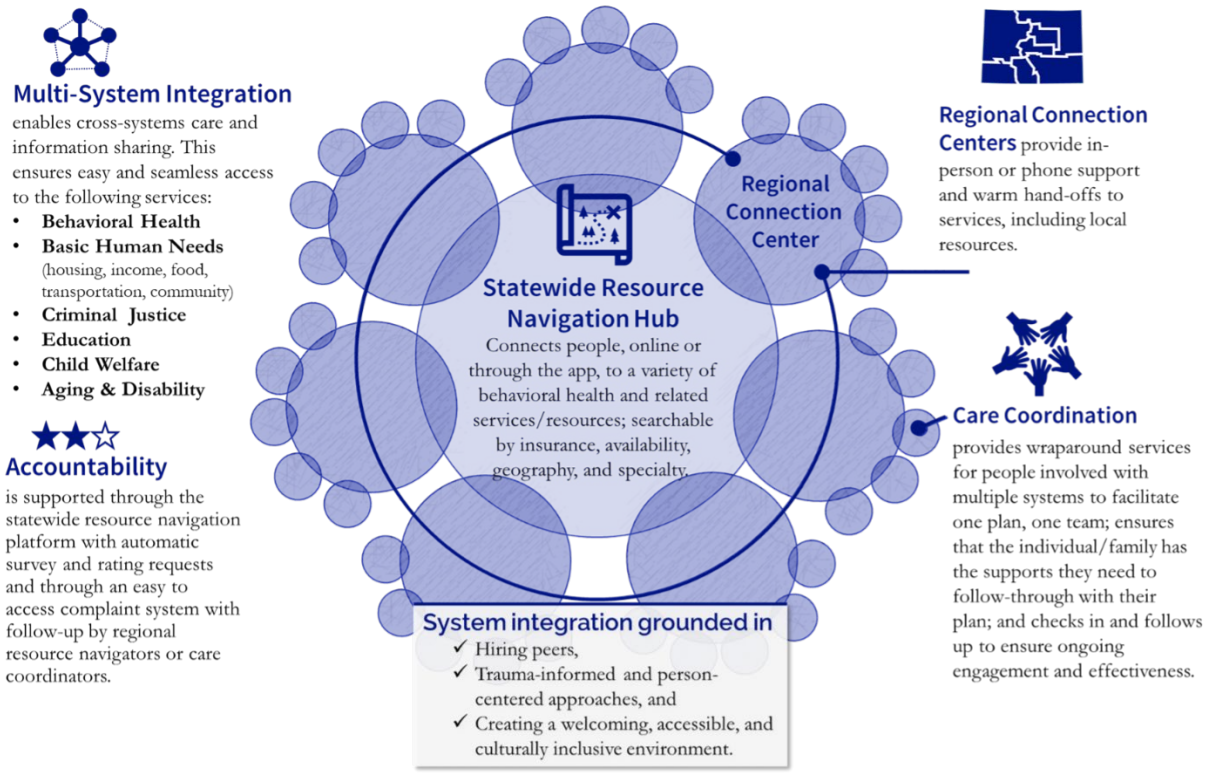
Figure 9: Statewide Resource Navigation Hub with Regional Connection Centers Recommended by Persons with Lived Experience



A Statewide Resource Navigation Hub offers a single point of entry through a comprehensive, searchable, user-friendly website and app.

Regional Connection Centers provide an in-person option to ensure accessibility and that people feel supported in initiating care.

Care Coordination uses quality wraparound service models for individuals/families working with multiple systems.

Multi-System Integration enables cross-systems care and information sharing.

Accountability is managed by a central agency at the State level that is responsible for review, complaint, and evaluation systems.

While still connected and relevant to the overarching solution of a Statewide Resource Navigation Hub & Regional Connection Centers described above, the following recommendations and solutions are separate and achievable outside the creation of a hub as they pertain to workforce development, training and standards, transitions in care, and specific system integration. The headline solutions identified by participants with lived experience are:

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- Workforce: Invest in an expanded, more diverse, and better trained workforce;
- Training & standards: Develop, train, and monitor clear standards throughout the system;
- Transitions: Sustain support through care provision transitions; and
- System integration solutions: Align policies and practices for a seamless experience of care across the continuum.

Immediate Next Steps

The Behavioral Health Recovery Act (Senate Bill 21-137) included $26 million in funding for care coordination. This support will increase the number of Coloradans able to access behavioral health care by providing a centralized gateway for information for patients and providers that facilitates access and navigation of behavioral health care services and support. CDHS (and eventually the BHA when it is operational), in collaboration with HCPF, will use the funding to create a website and a mobile application to help Coloradans initiate care and navigate to the right benefits and supports, including local resources such as food and housing assistance. Individuals in need will be able to connect to Colorado Crisis Services for immediate and free behavioral health help.

Ongoing stakeholder engagement and planning will inform a more personalized adaptation of care coordination in Colorado. This includes collectively setting care coordination expectations that are sufficient to ensure meeting care coordination goals and outcomes while also allowing for flexibility – and potentially even regional hubs – within local communities.

Currently, pockets of care coordination services exist in the State. The technology infrastructure from Senate Bill 21-137 will assist in improving information availability and sharing among existing care coordination services. However, there needs to be further analysis to determine how much more the workforce would need to be expanded and extended to ensure that care coordination is available for all those that need it. Any such analysis would need to determine the cost and funding source for these services.

Expanding the Safety Net

In response to Senate Bill 19-222 (SB 19-222), CDHS and HCPF designed a Comprehensive Safety Net Model and Framework that identifies a continuum of behavioral health services that all communities must have access to in each region of the State. The intent is to close the gaps in the current delivery system and ensure that individuals with the most difficult-to-treat mental health disorders receive services. The model is designed with the acknowledgement that an individual's need for treatment is based both on acuity (how severe a client's symptoms are) and complexity (how a client's behavioral health needs intersect with medical and social needs). Because the BHA will inform access standards for services across the continuum of care, it will be aligned with the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System. The Safety Net System framework is expected to be integrated into and overseen by the BHA.

Implementation of the model will expand community-based services that can help prevent the need for institutionalization and ensure that there are proper supports to maintain wellness and recovery, as well as ensuring treatment access. Under this model, comprehensive safety net providers are required to serve individuals with mental health and substance use needs, as well as those who have co-occurring

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conditions. The model provides new opportunities for sustainable funding for essential safety net providers, more funding for high-benefit low-cost services that keep people healthy, and more flexibility to provide whole person care.

The model requires the State to expand reimbursement opportunities for programs that address the social conditions that drive health outcomes such as housing supports, transportation services, and in-home behavioral health services. The model will create a single network of providers for all State-funded behavioral health services. It also outlines new provider definitions, the set of services they offer, the payment model, and level of client need associated with each provider type. The provider network is expanded to include additional providers in different sectors, such as primary care, the justice system, and the housing system. Finally, the model establishes the minimum set of behavioral health services that must be provided in each community including the criteria and processes for when client needs exceed provider capacity.

CDHS and HCPF will undertake implementation of the plan in partnership with communities and stakeholders, including individuals with lived experience, to ensure that the behavioral health safety network supports everyone. To implement this model, it will be necessary to:

- Assign responsibility for essential oversight and State accountability for the success of the behavioral health system to the new Behavioral Health Administration (BHA)
- Determine the governance, specified purpose, and direction for the BHA including directives on the implementation of SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System
- Assess and update current definitions of behavioral health providers to support a unified network of providers that can be reimbursed for whole person care and specific underserved populations
- Identify in the Colorado statute complex eligibility requirements that create barriers to care and collapse where possible
- Identify in the Colorado statute payment methodologies and determine if current requirements will prevent more flexible payment methodologies such as value-based payment
- Identify in the Colorado statute any data reporting and data sharing requirements that would prevent a move to outcome-based payments or a care coordination infrastructure

Among persons with mental health conditions or a serious mental illness, disparities in quality and outcomes of care are more pronounced for racial/ethnic minorities and lower socio-economic status groups. For these populations, the barriers to access to behavioral health services are more multifaceted and nuanced. Access barriers, including low health literacy, transportation, and other social determinants factors, as well as cultural understanding of the use of health care limit access, prevent the utilization of available services. In alignment with the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System, the BHA has an opportunity to identify, monitor and respond to behavioral health disparities across all populations. To do this work, the BHA will need to:

- Develop and implement a systemic approach to collecting, reporting, and analyzing data and demographics to identify and monitor inequities in order to improve outcome equity.

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- Expand workforce capacity to improve outreach, engagement, and quality of care for priority populations.
- Increase provider awareness about behavioral health disparities and responsiveness to implement effective strategies to increase behavioral health equity.

Within its performance management system, the BHA will need to analyze quality measures by key demographics representing the priority populations to identify and monitor potential gaps. This data will enable the BHA to prioritize new services, support quality improvement of existing services, and address mitigation of barriers to care. The data will also support a more comprehensive understanding of provider network adequacy for all populations in the State. Without a comprehensive data set of the factors such as physical access for people with a disability, special population and specialty care resources, and social determinants, understanding network adequacy for priority populations is not possible.

The Safety Net Expansion plan will be initiated within the current Office of Behavioral Health in CDHS, and then transfer to the BHA in July 2022. The BHA and HCPF will then continue to partner on these efforts.

Addressing the Workforce Shortage

The behavioral health workforce shortage that currently exists in Colorado is reflective of what is happening at the national level. With one million Coloradans in need of behavioral healthcare, the State must have a workforce with the capacity to meet those needs. It is critical to identify ways to more effectively leverage and care for the current workforce, to increase access to care, *and* better meet the needs of those with a behavioral health condition. Simultaneously, Colorado needs to focus on the present needs while also preparing to meet the needs of the future. Coloradans have harmed themselves and experienced other poor health outcomes while waiting to see a behavioral health professional, and an adequate workforce can help to stop these devastating outcomes. There are many recommendations that resulted from the Behavioral Health Workforce Development Workgroup[21] that can be implemented by the BHA -- especially because the BHA will have a person dedicated to addressing the behavioral health workforce needs across the State.

The Behavioral Health Workforce Development Workgroup identified over 68 recommendations that aligned with six themes:

- Behavioral Health needs are expected to increase. Colorado must creatively **expand on its recruitment methods** and begin to promote the profession as early as elementary school. With its endless number of outdoor activities and health-focused culture, Colorado can easily recruit existing professionals, or those in training, from other parts of the country, with a focus on diverse areas and schools. Scholarships, incentives to colleges and universities to focus on diversity, and reciprocity procedures can reinforce recruitment efforts.

[21] The report from the Behavioral Health Workforce Development Workgroup will be released in the fourth quarter of 2021.

- Colorado has the opportunity to **broaden its current workforce** by launching initiatives to (1) advocate for more flexible requirements related to education/licensure; (2) promote and incentivize supervision since it is currently difficult to come by; and (3) simplify and streamline the credentialing process across all payers.

- Colorado should bolster its efforts to **retain current professionals and providers**. The BHA will streamline efficiencies and reduce the administrative burden so that providers can focus on patient care. There are opportunities to continue to support integrated care, as well as reduce the administrative burden, ensure proper ratios, salary parity, incentive workforce training that is focused on retention, and interprofessional team skills workshops and other supports that will allow professionals to thrive in their communities.

- Colorado must **develop and increase its capacity of a culturally competent licensed and unlicensed behavioral health workforce**. This should be done by developing standards and statewide core competencies, as well as ongoing professional development opportunities.

- There are **funding opportunities that Colorado should seize** to maximize federal dollars and leverage other non-traditional monies. There are actions that providers take to serve the patient that are not always reimbursable. An actuarial analysis could highlight the cost of patient care and possible compensation options.

- Colorado must **invest in a behavioral health workforce committed to equity, diversity, and inclusion.** This will help Colorado's sector to better recruit, retain and develop individuals in the field while also bringing forward a workforce that is reflective of the needs of the increasingly diverse communities served. This theme also works to address the uphill climb that our workforce has towards acknowledging the historical and current role of behavioral health in systemic oppression, building more inclusive places of practice and bridging equitable and affirming services to our clients of all identities.

Implementing the recommendations in the workforce report will help to ensure that Colorado has a high-quality, trained, resourced, happy, culturally responsive and diverse behavioral health professional workforce. Ultimately, Coloradans will have improved access to services and better health. It will be a significant step towards ensuring all Coloradans have access that is trauma-informed and culturally and linguistically responsive to a full continuum of behavioral health services in the right place at the right time.

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Legislation

Key Takeaways

Colorado House Bill 21-1097 directed CDHS to establish a new Behavioral Health Administration and instructed that recommendations for legislation necessary to appropriately establish the BHA be included in this plan. The anticipated legislation for the implementation of the BHA in the 2022 session will likely include details on the following topics:

- Responsibilities of the BHA
- Governance Structure, including the Commissioner, Cabinet & other Branches, Advisory Council & its workgroups (including membership, duties, etc.)
- Standard Setting
- Annual report to the Legislature
- Funding Updates and guidelines around financial flexibility
- Grievances & Appeals
- Formal Agreements with other State agencies
- Master Contract
- Emergency Rule-Making Authority
- A Clean-Up Section to address current legislation and rules that will be impacted by the BHA

On April 22nd, 2021, Governor Polis signed Colorado House Bill 21-1097, which directs the Colorado Department of Human Services to establish a new Behavioral Health Administration by July 2022 and temporarily house it through November 2024. The bill states that the BHA shall transform the current health system by:

- Coordinating and integrating the delivery of behavioral health
- Setting standards for the behavioral health system
- Ensuring that behavioral health services respond to the changing needs of communities
- Improving equitable access to quality behavioral health services
- Preserving and building upon the integration of behavioral and physical health care
- Leading and promoting the need for behavioral health services as a State priority
- Eliminating unnecessary fragmentation of services and streamlining access
- Addressing social determinants of health
- Promoting transparency and accountability of behavioral health outcomes and spending of taxpayer dollars
- Reducing administrative burden on behavioral health care providers

HB 21-1097 also instructed that recommendations for legislation necessary to appropriately establish the BHA be included in this plan. This anticipated legislation in 2022 will outline the necessary authorities, defined governance structure, access to funding, and necessary alignment with other

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behavioral health reforms to fully establish and empower the BHA. The following is an outline of the expected legislation in 2022 for the BHA:

Define BHA Governance.

- **Commissioner.** Define the role of the BHA Commissioner, including the Commissioner's scope of authority in relation to other State agencies and other levels of government.
    - A Commissioner will lead the BHA which will be housed within CDHS until at least 2024. The Commissioner will serve as a member of the governor's executive cabinet.
- **Cabinet & Other Branches.** The Commissioner will have the full responsibility, with the Governor, to lead and develop the State's vision and strategy for behavioral health. The Commissioner will work in collaboration with other State agency executive directors, with whom the Commissioner is a peer. The Commissioner will also work with other branches of government to set and implement behavioral health-related policy and programming aligned with the vision and strategy to achieve high-quality care and reach a future state of behavioral health.
    - In collaboration with CDHS, HCPF, DOI, and other agencies, the Commissioner will ensure that behavioral health services delivered by the public sector and commercial payers are comprehensive, evidence-based, affordable, high quality, equity focused, and easily accessible for all Coloradans.
    - The BHA is able to rely on the expertise of the Executive and Judicial Branch partners to inform the vision and strategy, and execute on the vision, using their own authority and critical knowledge.
- **Advisory Council.** The council will advise the BHA and ensure ongoing stakeholder input and involvement. The anticipated legislation must:
    - Define the Council and its charge, as well as how members are appointed.
    - Include, in general, workgroups and their charge, as well as how members are appointed. (Note: Topics for standing and ad hoc workgroups will not be specified in the legislation.)
    - Review high level overview of membership, including but not limited to representatives of the following:
        - Children/youth (at least one child welfare)
        - Criminal justice
        - Local government
        - Consumers and family member
        - Providers
        - Intermediary representatives of a MSO and a RAE
    - Specify that the following representation be incorporated when considering the Council's members:
        - Rural communities
        - Tribal Nations

        - Counties
        - People with disabilities
        - Judicial Branch
        - CMHCs *and* Non-CMHC providers
        - Non-CMHC provider representative of integrated primary care and behavioral health
        - Racial/ethnic diversity, LGBTQ+, criminal justice consumers, veterans, and other populations with health disparities
    - Explain what the Council does. The legislation should specify that the Council will receive routine briefings from the BHA Commissioner and other members of the cabinet (as appropriate) about the progress of the BHA and behavioral health reform efforts as a method of ensuring public accountability and transparency.
    - Specify the Council's other responsibilities:
        - Providing diverse community input on emerging behavioral health needs and potential solutions
        - Providing expertise, on-the-ground perspective, and realism as part of workgroups to support the BHA in problem solving and solution development
        - Ensuring there is public accountability and transparency through reviewing the BHA's public-facing transparency activities, including its data dashboards

The 2022 Legislation for the BHA is anticipated to also include the following:

- **Annual Report to the Legislature.** The BHA will submit an annual report to the General Assembly that includes cross-agency transparency regarding the behavioral health system of care. The report is intended to engage the Colorado legislature and inform a more comprehensive legislative framework. While the report is intended to support a data-driven system, it is recommended that the report language provide the Commissioner some flexibility regarding content, so that the report can resonate with current issues for the BHA. Additionally, the requirement of a report to the General Assembly is intended to serve as a tool to ensure stakeholder involvement, transparency on the part of the BHA, and as a lever for continued collaboration and engagement by other agencies in accepting and supporting the role, authority, and activities of the BHA. The report should include:

    - A description of the vision and strategic priorities for the year
    - A state-wide status update on issues related to access to care, system fragmentation, collaborative activities with other State agencies, use of public funds including efforts to maximize federal dollars, health disparities specific to behavioral health, and its progress in meeting its annual goals and key performance indicators (KPIs)
    - Update on efforts to address the behavioral health workforce, including a training and technical assistance summary

- Membership and meeting dates of the Council and its workgroups for the following year
- Accomplishments from previous year, including milestones achieved for longer-term initiatives
- Goals/focus areas of the BHA for upcoming year and opportunities for funding

Legislative Agenda. The 2022 legislation should specify that the BHA will develop its legislative agenda for behavioral health and submit bills outside of the CDHS bill package.

Updates on Funding. The BHA is not expected to have authority to dictate the way in which other State agencies use funding to address behavioral health; however, the BHA will be given a formal role of setting priorities, recommendations, and rationale for funding initiatives to support a cross-agency, cross-payer strategy that builds a comprehensive behavioral health system in partnership with the Office of State Planning and Budgeting (OSPB). The BHA will report on the success of State agencies in engaging in those recommendations in the General Assembly report to support accountability to a shared vision.

Financial Flexibility. The BHA will need financial flexibility to support cross-agency initiatives or supporting programs and services through blending of multiple funding streams. *(C.R.S. 17-27-108(5) provides a good example: The division of criminal justice is authorized to transfer up to ten percent of annual appropriations among or between line items for community corrections program services. Advance notice of such transfers shall be provided to the general assembly, the governor, the executive director of the department of corrections, and the chief justice of the supreme court.)*

Standard Setting. In collaboration with State agencies, the BHA will facilitate state-wide behavioral health standards to be adopted, implemented, and monitored across State agency programs for components of the behavioral health system.

- Provider standards including entity licensure (as originally outlined in Title 25, Article 27.6, C.R.S.) and designation criteria (as currently administered by OBH); this will be transitioned to the BHA from CDPHE and OBH.
- Clinical quality standards, informed by nationally accepted best practice and/or fidelity standards for behavioral health service delivery (e.g., staffing, training, case ratios)
- Data sharing and data reporting, including standardized metrics across programs and providers
- Provider accountability standards and definitions
- Reimbursement/payment policy, including within managed care (in collaboration with other State agencies and cabinet members, especially HCPF and DOI)

The legislation is expected to outline the **responsibilities for the BHA,** including:

- **Monitoring** of the behavioral health system through **data collection, reporting, and analysis sharing**
    - Construction of data dashboards and performance scorecards in collaboration with State agencies

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- A standard methodology to be used across all programs to collect and analyze data

- **Setting and overseeing behavioral health provider and intermediary standards**. Working in partnership with HCPF and DOI to ensure that standards are shared across all programs, and that there is accountability when standards are not met.
- **Addressing behavioral health system grievances.** Individuals and family members who have a grievance with any provider, State agency, or commercial insurance carrier will follow the established grievance process with that entity. The BHA will accept grievances if it is not resolved in a timely or acceptable manner and will be the place for grievances that have no other appropriate avenue. All State agencies will share data on the behavioral health-related grievances they receive. The BHA will analyze grievances (by provider, by topic, by region, by payer, etc.) to inform changes to the system.
- **Implementing formal agreements** between the BHA and State agencies that have initiatives, programs, and services related to behavioral health. The formal agreement will provide the structure for implementing behavioral health standards by formalizing expectations specific to:
    - Collaborative problem solving for challenges that arise in the behavioral health system
    - Consideration of BHA funding and resource allocation priorities
    - Data and health information sharing
    - Use of BHA network and streamlined provider network requirements through the Master Contract
    - Data and reporting to the BHA, including behavioral health-related metrics (to ensure State agencies share data)
    - Expectations related to managed care entity standards such as use of nationally recognized practice guidelines for utilizations management approved by the State and shared parameters for network adequacy
    - A method for the State agencies to inform the BHA of problems that need resolution and jointly working with the BHA to address those problems
    - Requiring, when applicable, the use of the BHA Master Contract
    - Health information sharing
- **Committing to a Master Contract.** The legislation will direct the BHA to develop a Master Contract in collaboration with other State agencies (e.g., HCPF, CDPS, CDPHE) and to be used by State agencies with their provider network delivering behavioral health services. While DOI will inform and support the standards and accountability requirements set by the BHA, it does not administer provider contracts and therefore will not be required to use the Master Contract. The BHA can work with DOI to monitor quality and outcomes of the Commercial market and continue to encourage payers to align with consistent quality and accountability expectations through contracts. The Master Contract has, as its primary purpose, streamlining reporting and other administrative requirements as well as ensuring providers are held accountable to the standards and requirements established by the BHA. It is expected that the Master Contract will include the following components:

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- Minimum data collection and sharing requirements including Electronic Data Interchange requirements
- Process for grievance reporting
- Requirements for collaboration with other State agencies, including mandating data sharing
  - Programs not operated by BHA such as those in HCPF, CDPHE, DOLA, CDE, and the Criminal Justice system
  - All-payer claims database
    - Use of evidence-based practices
    - Access to care and quality of care standards
    - Requirements for reporting on program and financial elements
    - Specific program deliverables as well as consequences for not meeting performance requirement

Consider Emergency Rule-Making Authority to adapt regulation more quickly or for a period of time during implementation. This would follow existing CDHS process and procedures, and the CDHS legislative team can determine whether this is needed and the best way to implement rapid rule changing.

Clean Up Section. The 2022 legislation is expected to address existing legislation and rules that will be impacted by the creation of the BHA:

- Transfer licensure of behavioral health (mental health and substance use disorder) entities from CDPHE to BHA (BHE alignment)
  - Change requirement regarding transfer of staff (from CDHS/OBH) to CDPHE
- BHA alignment with SB21-137 and SB19-222
- OBH/CBH authority transitioned to BHA (temporary language until CCR updates complete)
- As appropriate and needed, programs that will move out of CBH to other State agencies

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The Phased Approach to Establishing the BHA

Implementation of the BHA as proposed in this plan will take time and will occur in phases. The BHA is expected to be fully functional in FY 2024 and the activities outlined below will ensure that this goal is achieved. A visual of this phased approach to establishing the BHA can be found on pages 103-106.

The Governor's Budget submission on November 1, 2021 includes a placeholder of $3 million for the implementation of the Behavioral Health Administration in FY 2022-23. Additional details about how this $3 million will be allocated is up to the General Assembly to determine in the upcoming legislative session. The dollar amounts, and FTE totals in this report, serve as one possible way that this placeholder may be allocated.

Fiscal Year July 1, 2021- June 30, 2022:

During FY22, the State will begin to build the infrastructure of the BHA. Activities include:

- Conducting a national search and hiring the BHA Commissioner, who will join the Governor's cabinet.
- Hiring support staff such as human resources, accounting and budget positions, and others to ensure that core functions such as financial systems are in place.
- Proposing authorizing legislation that outlines the specific role of the BHA, the BHA Commissioner, the Advisory Council, and the responsibilities of the BHA.
- Implementing a communication plan that will focus on messaging -- to State agencies as well as external partners -- about what the BHA is, what it will do, and how it will work.
- Developing and initiating a process to form the Advisory Council. The BHA Commissioner, with the Governor, will determine when and how the Advisory Council Workgroups are established, and the focus areas of the initial workgroups (i.e., children & youth, criminal justice, etc.).
- Facilitating meetings with State agencies and the Judicial Branch to begin discussions on the details of the Interagency Agreements and the Master Contract.
- Continuing conversations with Tribal Nations.
- Beginning work with consumers and other stakeholders to outline a Grievance and Appeals Process.
- Leveraging OeHI's work with CORHIO to test the EMPI and resolve, link, and match identities since there will be no additional cost for the next year. (This should happen once the BHA's Health Information Technology Director is hired.)
- Creating a draft process for the BHA to work with other agencies to align resource allocation and to support a statewide and strategic approach to behavioral health funding.

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- Reviewing and prioritizing the implementation of recommendations resulting from the Task Force's 19 priorities, the Co-Occurring Disability Behavioral Health Workgroup, and the Workforce Development Behavioral Health Workgroup.

To ensure that the activities above are completed, CDHS anticipates hiring the 13 Full Time Employees (FTE) listed below. These are new positions and not transfers from other offices or divisions. These personnel will be embedded within CDHS since the BHA will not be formally established until July 2022.

- Commissioner
- Health Information Technology Director
- (2) Finance/Accountant
- Program Assistant
- (2) Contractor Administrator
- Marketing & Comms Specialist
- Sr. Advisor for Behavioral Health Transformation
- Human Resources Specialist
- Project Manager
- Project Coordinator
- Legislative Liaison

The total anticipated personnel costs for FY22 are less than $1.2M. Contractors are expected to assist with additional work in developing the infrastructure of the BHA, such as support to draft the anticipated 2022 BHA legislation, the BHA Budget, the Narrative for FY2023, stakeholder engagement, communications, and performance management methodology. The total budget for FY22 (managed by leveraging federal dollars allocated to CDHS), inclusive of contractor support, is not expected to exceed $1.74M.

Fiscal Year July 1, 2022-June 30, 2023 (FY23):

With the Commissioner in place, and with the assumption that additional resources are approved in full by the General Assembly, work will continue to further operationalize and build the infrastructure of the BHA.

- The Advisory Council will be established. The new governance model -- inclusive of the Commissioner, the Governor's Health Cabinet, and the Advisory Council -- will be initiated.
- For the selected programs, realignment within other State agencies and the BHA will go into effect as of July 1st, 2022. Community Behavioral Health (CBH) will be integrated into the BHA, with the exception of the CBH Prevention team which will likely transition to CDPHE.
- Additional staff required to operationalize the BHA will be recruited and hired.
- A vision and strategy for the children and youth system of care will be developed.
- Care coordination efforts will transition from CBH to the BHA to complete the development of a centralized gateway for information for patients and providers that facilitates access and navigation of behavioral health care services and support.
- The BHA will begin the training and capacity development for providers as part of network development (and implementation of the SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System).

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- Conversations with Tribal Nations will continue to discuss a data sharing strategy that captures participation in care coordination and reports on outcomes.
- The BHA will continue to implement communication strategies and plans. Since CBH will be integrated into the BHA, efforts to streamline communications and stakeholder engagement will occur. There will also be a strong need for cross-agency communication as agencies and government branches are requested to work together in a more deliberate and intentional manner.
- The BHA will begin to implement the IAs with selected State agencies.
- The BHA will establish a BHA Dashboard to provide transparency about the process and progress against the performance measurement plan.
- The BHA will begin to identify consistent standards for data collection and reporting as well as data sharing including provider requirements and accountability for complete, accurate, and timely encounter data that is cross payer.
- Investments in data system interoperability will continue to measure quality across settings, including the use of a unique identifier for each person.
- Facilitate conversations with partners to develop and agree to a minimum set of performance measurement standards across behavioral health providers, including those providers embedded in physical health settings or other settings (e.g., jails, community corrections, schools, adult, and child protective services).
- The BHA will continue to refine the process for alignment of strategy and funding resources with other State agencies and potentially pilot the process with a few agencies.
- Consumers and stakeholders will complete the recommendation for the Grievance and Appeals process and submit it to the BHA.
- The BHA will develop and submit its first report to the General Assembly that highlights progress, identifies challenges and the plan to address them, and shares goals for the upcoming years.
- The BHA regulatory framework and designation standards for the BHA Network, inclusive of payment models, will be established, in coordination with the ongoing implementation of SB 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System.
- The BHA will continue conversations with key partners to identify opportunities for program alignment and develop a plan for implementation if appropriate.
- The BHA will continue to identify finance strategies and maximize funding opportunities.
- The BHA will begin to implement the Master Contract with selected State agencies.
- HCPF and the BHA will complete its collaborative effort to achieve a single fiscal management system between the two entities.
- The BHA will complete the design of its methodology to measure access to behavioral health services across all payers.
- The remaining recommendations identified by the Task Force will be reviewed, assessed, and re-prioritized for implementation based on the changing healthcare environment and behavioral health needs.

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The FTE and budget dollars shared below are a projection at this time. As the BHA is established, leadership will work with the Governor's office through the annual budgeting process to develop a firmer understanding of the resources needed, which will require final authorization from the General Assembly.

Table 1 outlines the number of FTE that could be employed within the BHA for FY23 by team.

Table 1: Potential BHA FTE and Budget in FY23

Team	New BHA FTE	CBH FTE Integrated into BHA	Total FTE in BHA
Finance	7	19	26
Communications & Policy	3	6	9
Quality & Standards	6	11	17
Statewide Programs, TA, and Innovation	5	32	37
Strategy Planning & Engagement	2	3	5
Data Strategy and Analytics	1	14	15
Leadership & Operations	9	6	15
Total FTE	**33**	**91**	**124**
Associated Personnel Services Budget	**$2.4M**	**$8.6M**	**$11.0M**

Important notes about Table 1:

1. This table reflects the best estimate of personnel needs for the BHA based on the comprehensive set of functions it is expected to execute, as informed by extensive stakeholder engagement. As the BHA is stood up and its leadership crafts implementation strategies and programs responsive to the needs of Coloradans, it is likely that the BHA will need to revise its FTE resources.
2. This table does not reflect term-limited CBH staff who have been hired to assist with one-time initiatives funded by ARPA 2021 stimulus dollars.
3. Figures do not include CDHS staffing outside of the BHA that are necessary to support the BHA as the agency initially housing the BHA.

The information contained in this document is based on a concept of the BHA as of November 2021. This BHA model will continue to evolve with additional feedback from stakeholders, direction from the Governor's Office, and through final authorization from the General Assembly via future legislation. Any resource implications will be considered as part of the annual budget process.

Additional costs expected for FY23 include marketing and communications, stakeholder engagement, support for program alignment, IT needs, the development of a performance management system, and leased space.

Contracts with CMHCs, ASOs, and MSOs, and other providers will transition from CBH to the BHA. These contracts that are expected to be managed by the BHA are approximately $208 million.

Fiscal Year July 1, 2023-June 30, 2024 (FY24):

The BHA is expected to be operational and fully staffed within FY24. Assuming that the budget request is approved, activities include ensuring that:

- All staff are hired and the BHA infrastructure is fully operational.
- The Advisory Council and BHA Workgroups are meeting their expectations to ensure there is ongoing stakeholder input, to provide feedback on the BHA's work, and to review the public-facing transparency activities.
- IAs are in place with all key partners and other agencies. Any IAs initiated in FY23 are reviewed and revised.
- The Master Contract is revised (if needed) based on input from State agencies and providers and expanded to other agencies and branches as needed and appropriate.
- Consistent standards for data collection and reporting as well as data sharing including provider requirements and accountability are formalized and operationalized.
- Results from investments in data system interoperability provide the baseline data to measure quality across settings.
- Agreements are formalized with partners to the performance measurement standards across behavioral health providers, including those providers embedded in physical health settings or other settings (e.g., jails, community corrections, schools, adult, and child protective services).
- Monitoring of full implementation of the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System is underway. Impacts on the BHA Network are being analyzed.
- Structures and methodologies are in place to review progress on workforce development, grievance data collection, access to care, and reduction of provider burden.
- A Needs Assessment is launched to identify prioritized needs on which the BHA should focus.
- A plan is developed to expand the fiscal management system beyond HCPF and the BHA to other State agencies with behavioral health dollars.
- A report to the General Assembly that addresses progress, plans to tackle challenges, and goals for the next year is completed and submitted.
- The remaining recommendations identified by the Task Force will be reviewed, assessed and re-prioritized for implementation based on the changing healthcare environment and behavioral health needs.

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The FTE and budget dollars shared below are a projection at this time. As the BHA is established, leadership will work with the Governor's office through the annual budgeting process to develop a firmer understanding of the resources needed, which will require final authorization from the General Assembly.

Table 2 outlines the number of FTE that could be employed within the BHA for FY24 by team.

Table 2: Potential BHA FTE and Budget for FY23

Team	BHA FTE Carried Over from FY23	New BHA FTE	Total FTE
Finance	26	4	30
Communications & Policy	9	0	9
Quality & Standards	17	7	24
Statewide Programs, TA, and Innovation	37	11	48
Strategy Planning & Engagement	5	12	17
Data Strategy and Analytics	15	5	20
Leadership & Operations	15	1	16
Total FTE	**124**	**40**	**164**
Associated Personnel Services Budget	**$11.0M**	**$3.4M**	**$14.4M**

Important notes about Table 2:

1. This table reflects the best estimate of personnel needs for the BHA based on the comprehensive set of functions it is expected to execute, as informed by extensive stakeholder engagement. As the BHA is stood up and its leadership crafts implementation strategies and programs responsive to the needs of Coloradans, it is likely that the BHA will need to revise its FTE resources.
2. This table does not reflect term-limited CBH staff who have been hired to assist with one-time initiatives funded by ARPA 2021 stimulus dollars.
3. Figures do not include CDHS staffing outside of the BHA that are necessary to support the BHA as the agency initially housing the BHA.

The information contained in this document is based on a concept of the BHA as of November 2021. This BHA model will continue to evolve with additional feedback from stakeholders, direction from the Governor's Office, and through final authorization from the General Assembly via future legislation. Any resource implications will be considered as part of the annual budget process.

In total, the BHA could have 73 staff positions, not including the CBH staff who will be integrated into the BHA. With the CBH team, the BHA will have 164 FTE. Although subject to change based on the assessment of the Commissioner and the budget process, the new FTE in total for the BHA is expected to include the personnel listed below in the various teams once it is fully operational in 2024:

- 11.0 new FTE to support Finance
- 3.0 new FTE in Communications and Policy
- 13.0 new FTE to Quality and Standards
- 16.0 new FTE to support Statewide Programs
- 14.0 new FTE to support Strategy, Planning, and Engagement
- 6.0 new FTE to support Data Strategy and Analytics
- 10.0 new FTE to support Leadership and Operations

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Funding for the BHA

Key Takeaways

A core function of the BHA will be leading the financial strategy for the State to leverage behavioral health funding streams. This includes making recommendations for allocation of dollars across State agencies and system-wide planning for how to leverage these funds to meet desired outcomes. In addition to maximizing federal and State dollars -- including a strategic approach to traditional federal grants -- the BHA has the potential to leverage alternative and innovative funding sources to transform the behavioral health system. This includes:

- Working with Other State Agencies to Maximize Federal Funds
- Building and Implementing a Foundation Development Plan
- Exploring Innovation Funding Approaches

One of the primary goals of the BHA is to identify and maximize funding opportunities. In the long term, the BHA will ensure both federal and State dollars are used more efficiently and effectively. A core function of the BHA will be leading the financial strategy for the State to leverage behavioral health funding streams. This includes making recommendations for allocation of dollars across State agencies and system-wide planning for how to leverage these funds to meet desired outcomes.

In addition to maximizing federal and State dollars -- including a strategic approach to traditional federal grants -- the BHA has the potential to leverage alternative and innovative funding sources to transform the behavioral health system. This effort could bring new dollars to the State to support expansion or enhancements of programs, fill gaps in the continuum of care that are not funded, pilot and spread new models, build infrastructure such as data capability, and target specific projects such as workforce development or clinical transformation and training initiatives.

Strategy 1: Work with Other State Agencies to Maximize Federal Funds
There are multiple opportunities for the BHA to maximize federal funds which will support new dollars for the behavioral health system or to reduce State fund expenditures. This will also support State funds being used to serve more people or to be used for services that are not paid for by federal dollars. Many of the opportunities are focused on ensuring that services for Medicaid-eligible individuals are compensable and provided by eligible providers.

Strategy 2: Build and Implement a Foundation Development Plan
The BHA is a new kind of behavioral health government entity and will be seen as an innovative approach nationally. The breadth and complexity of the BHA scope and the potential impact will also provide ample opportunity for funders to support key initiatives that align with funder priorities.

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The BHA will need to develop a comprehensive strategy for foundation funding with a specific and tailored selection of foundations, explicit and meaningful tasks, and a longitudinal approach to funding requests. All of these efforts will require substantial time and investment in building relationships and gaining interest from the funders.

Strategy 3: Consider Innovation Funding Approaches

The BHA may also be able to support the State in developing innovative funding opportunities such as public private partnerships and social financing (otherwise known as Social Impact Bonds or Pay for Performance initiatives). These opportunities could be used for targeted program expansion or spreading an effective program statewide.

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Conclusion

Establishing the BHA will give the State the infrastructure it needs to improve the delivery of services and put people first. It is an investment with true accountability. Several mechanisms are blended into the BHA's proposed design to highlight accountability, including key performance indicators, general assembly reporting, stakeholder feedback mechanisms, and public reporting. The structure of the BHA ensures the voice of Coloradans is reflected throughout the system. The different functionality incorporated into the design of a BHA will address the specific gaps that exist in the administration of the current system.

The BHA offers a two-fold benefit to the State. First and foremost, it will improve the quality of lives of Coloradans. In the long-term, the BHA is an opportunity to create cost savings for Colorado and improved affordability of behavioral health for individuals. By addressing needs when or even before they arise, costs for exacerbation of conditions and unmet need can be avoided. Reducing the costs of more expensive treatments that stem from failing to address needs upstream, research suggests profound economic impacts stemming from poor mental health.[vii] The benefits of improving the behavioral health conditions of the population accrue both directly to those that receive services, and indirectly through improved economic productivity to those that do not.

Stakeholders across Colorado called for a system that is accountable and transparent. That is the core component of the BHA's mission and values. The creation of the BHA is a bold step that will take time and perseverance to ensure that it has lasting impact. However, the Task Force put forth almost 150 recommendations and there is much work to be done. The BHA will carry the recommendations of the Task Force forward to implementation and ongoing transformation of the system. The BHA's scope and responsibility, created with the full support of the Executive and Legislative branches of government, has the far-reaching ability to influence State agencies, including the public and commercial payers. Due to the strong commitment of Governor Polis, his entire administration, and the General Assembly, Colorado is in a unique position to create a national model and structure of a public behavioral health system.

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Timeline: Phased Approach to Establishing the BHA

Fiscal Year 2023 (July 2022 - June 2023)

This is a visual depiction of the activities outlined on pages 93-99.

		Fiscal Year 2022 (Nov 2021 - June 2022)			Fiscal Year 2023 (July 2022 - June 2023)				Fiscal Year 2024 (July 2023 - June 2024)			
Description	**Activity**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Governance & Structure	Conduct a national search and hire the BHA Commissioner, who will join the Governor's cabinet.	■	■									
Operations & Management	Hire support staff such as human resources, accounting and budget positions, and others to ensure that core functions such as financial systems are in place.	■	■	■								
Governance & Structure	Propose authorizing legislation that outlines the specific role of the BHA, the BHA Commissioner, the Advisory Council, and the responsibilities of the BHA.		■	■								
Communications	Implement a communication plan that will focus on messaging -- to State agencies as well as external partners.	■	■	■								
Governance & Structure	Developing and initiating a process to form the Advisory Council.		■	■								
Partnerships & Collaboration	Facilitate meetings with State agencies and the Judicial Branch to begin discussions on the details of the Interagency Agreements and the Master Contract.		■	■								
Partnerships & Collaboration	Continue conversations with Tribal Nations.	■	■	■								
Grievances & Appeals	Begin working with consumers and other stakeholders to begin to outline a Grievance and Appeals Process.		■	■								
Outcomes	Leverage OeHI's work with CORHIO to test the EMPI and resolve, link, and match identities.	■	■	■								

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Description	Activity	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Finance	Create a draft process for the BHA to work with other agencies to align resource allocation and to support a statewide and strategic approach to behavioral health funding.											
Operations & Management	Review and prioritize the implementation of recommendations resulting from the Task Force's 19 priorities, the Co-Occurring Disability Behavioral Health Workgroup, and the Workforce Development Behavioral Health Workgroup.											
Governance	The Advisory Council will be established. The new governance model will be initiated.											
Program Alignment	Realignment within other State agencies and the BHA will go into effect. CBH will integrate into the BHA. CBH's Prevention programs will move to CDPHE.											
Operations & Management	Additional staff required to operationalize the BHA will be recruited and hired.											
Programs & Initiatives	A vision and strategy for the children and youth system of care will be developed.											
Programs & Initiatives	Care coordination efforts will transition to the BHA to complete the development of a centralized gateway for information.											
Safety Net	The BHA will begin the training and capacity development for providers as part of network development.											
Partnerships & Collaboration	Conversations with Tribal Nations will continue to discuss a data sharing strategy and outcomes measurement plan.											
Communications	The BHA will continue to implement communication strategies and plans.											
Partnerships & Collaboration	The BHA will begin to implement the IAs with selected State agencies.											
Outcomes	The BHA will establish a BHA Dashboard to provide transparency about the process and progress against the performance measurement plan.											

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Outcomes	The BHA will begin to identify consistent standards for data collection and reporting as well as data sharing.				■	■	■	■				
Outcomes	Investments in data system interoperability will continue to measure quality across settings				■	■	■	■				
Outcomes	Facilitate conversations with partners to develop and agree to a minimum set of performance measurement standards across behavioral health providers.				■	■	■	■				
Finance	The BHA will continue to refine the process for alignment of strategy and funding resources with other State agencies and potentially pilot the process with a few agencies.				■	■	■	■				
Grievances & Appeals	Consumers and stakeholders will complete the recommendation for the Grievance and Appeals process and submit it to the BHA.						■	■				
Accountability	The BHA will develop and submit its first report to the General Assembly.							■				
Safety Net	The BHA regulatory framework and designation standards for the BHA Network, inclusive of payment models, will be established.							■				
Programs	The BHA will continue conversations with key partners to identify opportunities for program alignment.				■	■	■	■				
Finance	The BHA will continue to identify finance strategies and maximize funding opportunities.						■	■				
Partnerships & Collaboration	The BHA will begin to implement the Master Contract with selected State agencies.					■	■	■				
Finance	HCPF and the BHA will complete its collaborative effort to achieve a single fiscal management system between the two entities.							■				
Outcomes	The BHA will complete the design of its methodology to measure access to behavioral health services across all payers.							■				
Operations & Management	The remaining recommendations identified by the Task Force will be reviewed, assessed, and re-prioritized for implementation based on the changing healthcare environment and behavioral health needs.							■				

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Description	Activity	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Operations & Management	All staff are hired and the BHA infrastructure is fully operational.											
Governance	The Advisory Council and BHA Workgroups are meeting their expectations to ensure there is ongoing stakeholder input, to provide feedback on the BHA's work, and to review the public-facing transparency activities.											
Partnerships & Collaboration	IAs are in place with all key partners and other agencies. Any IAs initiated in FY23 are reviewed and revised.											
Partnerships & Collaboration	The Master Contract is revised (if needed) based on input from State agencies and providers and expanded to other agencies and branches as needed and appropriate.											
Outcomes	Consistent standards for data collection and reporting as well as data sharing including provider requirements and accountability are formalized and operationalized.											
Outcome	Results from investments in data system interoperability provide the baseline data to measure quality across settings.											
Outcomes	Agreements are formalized with partners to the performance measurement standards across behavioral health providers.											
Safety Net	Monitoring of full implementation of the SB19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System is underway.											
Programs	Structures and methodologies are in place to review progress on workforce development, grievance data collection, access to care, and reduction of provider burden.											
Outcomes	A Needs Assessment is launched to identify prioritized needs on which the BHA should focus.											
Finance	A plan is developed to expand the fiscal management system beyond HCPF and the BHA to other State agencies with behavioral health dollars.											
Accountability	A report to the General Assembly that addresses progress, plans to tackle challenges, and goals for the next year is completed and submitted.											
Operations & Management	The remaining recommendations identified by the Task Force will be reviewed, assessed and re-prioritized for implementation based on the changing healthcare environment and behavioral health needs.											

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Acronyms

4DX	4 Disciplines of Execution
ACEs	Adverse Childhood Experiences
AI/AN	American Indian and Alaska Native
APCD	All-Payer Claims Database
ASO	Administrative Service Organization
BH	Behavioral Health
BHA	Behavioral Health Administration
BHE	Behavioral Health Entity
BhoCO	Behavioral Health Ombudsman Office of Colorado
BHTF	Behavioral Health Task Force
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBH	Division of Community Behavioral Health within the Office of Behavioral Health
CBOs	Community-Based Organizations
CCJJ	Commission on Criminal and Juvenile Justice
CCJRC	Colorado Criminal Justice Reform Coalition
CCR	Code of Colorado Regulations
CDA	Colorado Department of Agriculture
CDBH	Co-occurring Disabilities and Behavioral Health
CDE	Colorado Department of Education
CDHE	Colorado Department of Higher Education
CDHS	Colorado Department of Human Services
CDLE	Colorado Department of Labor & Employment
CDPHE	Colorado Department of Public Health and Environment
CDPS	Colorado Department of Public Safety
CFR	Code of Federal Regulations
CHP	Children's Health Insurance Program
CJ	Criminal Justice
CJB	Criminal Justice Bureau
CMA	Case Management Agency
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CQI	Continuous Quality Improvement
C.R.S	Colorado Revised Statutes
CTB	Colorado Treatment Board
CWDC	Colorado Workforce Development Council
DIHFS	Denver Indian Family Health Services
DMVA	Department of Military and Veterans Affairs
DOC	Department of Corrections
DOI	Colorado Division of Insurance
DOLA	Department of Local Affairs
DORA	Department of Regulatory Agencies

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EBP	Evidence-Based Best Practice
EHR	Electronic Health Record
EMPI	Enterprise Master Patient Index
EPSDT	Early and Periodic Screening Diagnostic and Treatment
FCBS	Forensic Community Based Services
FFPS	Family First Prevention Services
FMAP	Federal Medical Assistance Percentage
FTE	Full Time Employee
G+A	Grievance and Appeals
	HCBS Home and Community Based Services
HCPF	Colorado Department of Healthcare Policy and Financing
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HMA	Health Management Associates
IA	Interagency Agreement
IDD	Intellectual or Developmental Disability
Institutes	Colorado Mental Health Institutes
KPIs	Key Performance Indicators
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
MSO	Managed Service Organization
OBH	Office of Behavioral Health within the Colorado Department of Human Services
OeHI	Office of eHealth Innovation
OIT	Governor's Office of Information Technology
OSP	Office of Suicide Prevention within the Colorado Department of Public Health and Environment
OSPB	Office of State Planning and Budget
RAE	Regional Accountable Entity
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SBIRT	Screening, Brief Intervention and Referral to Treatment
SDoH	Social Determinants of Health
SME	Subject Matter Expert
SUD	Substance Use Disorder
TA	Technical Assistance
Task Force	Behavioral Health Task Force
TBI	Traumatic Brain Injury
TTY/TDD	TeleTYpe/Telecommunications Device for the Deaf
VBP	Value-based Payment
WIGs	Wildly Important Goals

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Definitions

Behavioral health: An individual's mental and emotional well-being development and actions that affect his/her overall wellness. Behavioral health problems and disorders include substance use disorders, serious psychological distress, suicidal ideation, and other mental health disorders. Problems ranging from unhealthy stress or subclinical conditions to diagnosable and treatable diseases are included.

Behavioral Health Entity (BHE): A facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services as described in Section 27-66- 101(2) and (3), C.R.S.

Care coordination: The organization and navigation of patient care activities and sharing of information among all the participants concerned with a patient's care, to achieve safer, affordable and more effective care.

Early and Periodic Screening Diagnostic and Treatment (EPSDT) program: A federal Medicaid policy with the goal of assuring that individuals under the age of 21 get the health care they need when they need it—the right care to the right child or youth, at the right time, and in the right setting.

Enterprise Master Patient Index (EMPI): A database used by healthcare organizations to maintain accurate medical data across its various departments for each patient as each patient is assigned a unique individual identifier.

Evidence-Based Practice (EBP): A service (program, practice, practice) that has been proven to positively change the problem being targeted as demonstrated by achieving outcomes through some form of evaluation.

Family First Prevention Services Act (FFPS): Authorized new and optional Title IV-E funding for time-limited prevention services for substance use, mental health, and in-home parent skill-based programs for specific eligible children and youth (e.g., those who could be involved in foster care, pregnant or parenting youth in foster care and the parents or kin of those children.)

Health Information Exchange (HIE): The mechanism that allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically.

Master Contract (also referred to as a Universal Contract): A contract for use by all State agencies when procuring services and supports related to behavioral health. It serves as a tool to ensure adoption and support implementation of the standards across State agencies for use with the provider network under the BHA. The master contract can be adapted to allow for payer/funding-specific requirements in addition to the core set of provider standards set by the BHA.

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Social determinants of health: Conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

Utilization Management: The function wherein use, consumption, and outcome services, along with level and intensity of care, are reviewed for their appropriateness using Utilization Review techniques.

Value-based Payment (VBP): A diverse range of financial and accountability models that tie provider payments to client outcomes and care quality.

Whole person: A person's health and wellness are not limited to their physical health, but on the well-being of them as the whole person.

Wildly Important Goals: An approach that comes from the 4 Disciplines of Execution (4DX), which advocates that leaders should focus on the wildly important, act on lead measures to track progress, keep a compelling scoreboard, and create a cadence of accountability in order to achieve bold goals. This approach is used by the Polis Administration.

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Appendix A: Overview of Community Behavioral Health (CBH)

The Community Behavioral Health Division within the Office of Behavioral Health is responsible for a wide array of programs, services, and critical functions including but not limited to:

- Adult Treatment & Recovery - The Adult Treatment & Recovery team contracts with both provider agencies and Managed Care Organizations (MSOs and ASOs) for a full continuum of mental health, substance use disorder treatment services and behavioral health crisis services.
- Children, Youth, and Family - The Children, Youth and Family Services team provides program oversight, development, and resources to providers, children, youth, families, and stakeholders to ensure effective developmentally appropriate behavioral health service provision.
- Prevention - The Prevention team addresses State and system-wide issues concerning funding, provision and delivery of primary prevention substance misuse services.
- Criminal Justice - The Criminal Justice team works closely with partners in law enforcement and criminal justice to improve access to behavioral health services and to facilitate a coordinated community response for those in a behavioral health crisis.
- Data & Evaluation - The Data & Evaluation team supports CBH operations as well as innovative projects. They ensure OBH collects and reports data from behavioral health providers.
- Licensing & Designation - The Licensing and Designation team is responsible for the licensing and designation of approximately 725 behavioral health providers across Colorado.
- Business & Supportive Services - This work unit is responsible for the development, management, and monitoring of all resources (fiscal/FTE) of CBH, contract facilitation and management, purchasing oversight, and budgeting authority.

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Appendix B: CDPHE's Work in Relation to the BHA

CDPHE will focus primary prevention of behavioral health concerns through work on the risk and protective factors most closely tied to behavioral health outcomes. These include:

a. Risk Factors
    i. Access to Substances in Communities
    ii. Access to Firearms in Communities
    iii. Community Norms Favorable Toward Substance Use
    iv. Limited Parental Supervision for Any Reason
    v. Youth Perceive Substance Use as Low Risk
    vi. Early Initiation of Substance Use
b. Protective Factors
    i. Strengthened economic stability and supports (including food security, affordable housing, livable wages, and other family-friendly workplace policies)
    ii. Community Norms Favorable Toward Help-seeking
    iii. Connections within the community to behavioral health services
    iv. Connectedness with a trusted adult
    v. Opportunities for prosocial involvement
    vi. Built environment to increase opportunities for healthy, safe, and inclusive community activities and events as well as meaningful social interaction

1. CDPHE will continue to focus on strategies to support intervention and collaborate with the BHA to avoid duplication and amplify efforts
    a. Facilitating Naloxone distribution and awareness
    b. Expansion of systemic quality improvement efforts to support health care systems to prevent suicide including policy development, training, and technical assistance
    c. Conducting education and awareness (training, Healthy Youth Campaign)
    d. Increasing access to responsive suicide care through implementation of the Zero Suicide framework (incl. policy systems change and follow-up post discharge)
    e. Promoting lethal means safety and policy. (i.e., Office of Gun Violence Prevention)
    f. Enhancing the Prescription Drug Monitoring Program
    g. Conducting provider education on opioid prescribing
    h. Linkage to care via Syringe Service Exchange
    i. Supporting public safety and EMS Partnerships

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CDPHE will continue to support community coalition building and capacity building to implement a public health approach to addressing behavioral health.

CDPHE will continue to serve on the Collaborative with other State agencies to align funding and workforce development efforts to the Statewide Strategic Plan for Primary Prevention of Substance Use Disorders as outlined in House Bill 21-1276.

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