DEPARTMENT OF HUMAN SERVICES
(Behavioral Health Administration)
FY 2023-24 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 19, 2022
3:15 pm – 5:00 pm

3:15-5:00 Behavioral Health Administration

Main Presenters:
- Dr. Morgan Medlock, Commissioner

Supporting Presenters:
- Summer Gathercole, Deputy Commissioner of Operations
- Andrew Rauch, Chief of Staff
- Stephen Peng, Chief Financial Officer

Topics
- Opening Comments and Agency Overview: Slides 3-15
- R-01 Behavioral Health Administration Personnel: Pages 10-14, Questions 1-4, Slides 16-33
- R-02 Children's Behavioral Health Services - CYMHTA: Pages 14-16, Question 5, Slides 34-44
- R-03 Behavioral Health Learning Management System: Pages 16-17, Question 6, Slides 45-52
- R-05 Behavioral Health Administration Technical Adjustments: Page 17, Question 7, Slides 53-56

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Common questions For Discussion at Department Hearings

1 **Please describe the implementation plan for new programs added to the Department from one-time stimulus funds (such as the CARES Act, ARPA, and one-time General Fund), as well as any challenges or delays to program implementation. (Slide 13-15)**

The BHA is implementing over thirty different programs/initiatives added through stimulus funds. The BHA has received four tranches of stimulus funding: (1) State stimulus, (2) 2021 State and Local Recovery Funds (SLFRF), (3) Direct-to-agency, and (4) 2022 SLFRF.

State Stimulus

This funding was appropriated from HB 21-1258 and SB 21-239, which provided BHA with $10m.

Project Name	Description
Mental Health Screenings in Schools	This project established I Matter, which furthers access to mental health services, including substance use disorder services, for youth to respond to identified mental health needs, including those needs that may have resulted from the COVID-19 pandemic. Additionally, the program provided a state-wide public awareness and outreach campaign to the general public and various children and youth serving organizations. Obstacles/Delays: There were initial implementation delays in establishing a network of providers that was expansive enough to provide equitable service. These initial delays have been mitigated in the current years of operation.
Mental Health Hotline	This project expanded the necessary referral services authorized by the Colorado 2-1-1 Collaborative to include necessary telephone referrals for behavioral health services and other social service resources in the State for Coloradans, particularly for individuals who are unemployed, regardless of whether they receive public assistance benefits. The project contributed to hiring and training specialized personnel as well as engagement in targeted marketing and outreach.

2021 SLFRF

This funding was appropriated from SB 21-137 and provided the BHA $84.75m. All projects related to 21-137 are underway and in the second year of implementation. Project descriptions can be found in the table below. Challenges or delays are indicated for applicable projects.

Project Name	Description
Behavioral Health Workforce Development Program	This is an initiative to recruit, retain, and train the behavioral health workforce. The following activities are being completed: ● Develop an online training system that allows for accessible statewide training opportunities, ● Develop an online training curriculum for providers in rural and metro areas to increase competencies in mental health and substance use disorders that will support a high-quality, trained, culturally responsive, and diverse behavioral healthcare workforce; ● Provide fiscal incentives for lower income individuals to obtain a degree in behavioral health, with funding specifically targeted for rural areas of the State; ● Provide training to the existing behavioral healthcare workforce to be certified in federally reimbursed services; and ● Provide capacity-building grants to diversify the safety-net provider workforce and meet the requirements of the behavioral health safety net Obstacles/Delays: This program required careful planning for two major initiatives: ● The design and implementation of the Learning Management System (LMS) - as typical for IT projects, the initial implementation period was utilized for project planning and design. ● Partnership with Colorado Department of Higher Education (CDHE) to design the Behavioral Health Incentive program. This involved developing the requirements for the grant programs and to enter into contracts with higher education institutions. With planning elements completed, the BHA is underway with the creation of the LMS, including three topics which encompass 26 different training modules. Additionally, earlier this summer, CDHE awarded the first phase of the Behavioral Health Incentive program - $5 million in grants to five different universities.
Managed Service Organization: Substance Abuse	BHA is utilizing these funds to augment the State's current treatment and detoxification programs.
High-Risk Families Cash Fund in the Department of Human Services	BHA is using funds for services to high-risk parents, including pregnant and parenting women, with substance use disorders and for services for high-risk children and youth. Examples for the services that will be funded include the following: family-centered treatment models (including wraparound services to improve education, employment, stability in the community), one-time allocations to increase treatment capacity, including start-up costs and capital expenditures, or to provide substance use disorder recovery and wraparound services, including the prenatal plus

	program and access to child care.
Jail Based Behavioral Health Services	These funds support jail-based behavioral health services to county jails that have over 400 beds to accommodate HB 21-1211, which implores the State take immediate steps to end and prohibit the use of restrictive housing of juveniles and adults with specific health conditions in Colorado jails.
Community Transition Services for Guardianship	BHA is utilizing these funds to support guardianship services for individuals with severe mental illness and cognitive impairment who need to transition out of the Colorado State Hospitals.
Crisis System for Colorado Residents	BHA is utilizing these funds to address the crisis system services impacted by COVID-19, including statewide access to crisis system services for children and youth. This funding has helped provide specialized in-home crisis resolution services for children, youth, and their families who do not need inpatient level of care.
Mental Health Awareness Campaign	To address these needs and leverage the current behavioral health discourse, BHA has launched a campaign that educates audiences on common mental health challenges and ways to strengthen mental wellness and resilience. This campaign will target Colorado adults primarily, as BHA already manages robust marketing campaigns for youth and crisis services, respectively. The campaign will speak to Coloradans who can manage their needs with self-directed guidance and tips—not those who are in an active crisis or need ongoing behavioral health care.
Behavioral Health Statewide Care Coordination Infrastructure	The use of these funds is to develop coordination infrastructure for all Coloradans to identify and locate behavioral health services in their community. The Behavioral Health Task Force prioritized care coordination as one of its top recommendations. The implementation of this recommendation will help Coloradans initiate care and navigate to the right behavioral health treatments, preventative care, and connect to services that address social determinants of health. Obstacles/Delays: The initial year of implementation was focused on intensive stakeholder engagement and comprehensive project planning activities. This is a large-scale and complex IT project that took many months to design and to engage a contractor for. With planning elements completed, the BHA is underway with development to create a comprehensive care coordination infrastructure which aligns with the HB 22-1278 and associated behavioral health reform initiatives.
County-Based Behavioral Grant Program	BHA operates this program to provide matching grants to county departments of human or social services for the expansion or improvement of local or regional behavioral health disorder treatment programs. Grant recipients may use the money received through the grant program for the following purposes: peer training; augmentation of direct therapy; acute treatment units; inpatient treatment programs; outreach and education; navigation or care coordination; capital investments in

	behavioral health center infrastructure; services for non-English-speaking individuals; culturally responsive and attuned services; suicide prevention and intervention; crisis response; withdrawal management; workforce development; supporting regional service delivery.
Mental Health Treatment & Substance Use Disorder Treatment for Children/Youth/Families	BHA is utilizing these funds to address the behavioral health and substance use disorder treatment for children and their families. Managed Service Organizations (MSO) will provide services through an urban and a rural site and dedicated MSO staff will manage outreach and referrals for the treatment sites. Clients that will be targeted may include: referrals from schools, hospitals, child-welfare, juvenile justice and other community serving referral areas.
Community Mental Health Centers- School Aged Children	The use of the funds is to provide services and resources to school-aged children and parents by community mental health centers, school-based clinicians and prevention specialists. Obstacles/Delays: Due to the national workforce shortage issues, there is continued difficulty recruiting and retaining school-based clinicians and prevention specialists.
Community Mental Health Centers- COVID 19 PPE & Mental Health Services	The BHA utilized these funds for Community Mental Health Centers to help address unanticipated expenses related to COVID-19. Applicable uses of the funding include: Personal Protective Equipment (PPE) Cleaning supplies, Protective barriers/shields, Trainings on disease prevention, use of PPE and cleaning procedures, payroll premiums, hazard pay, and staff incentives, telehealth.

Direct-to-agency

These are federal grants provided by the federal Substance Abuse and Mental Health Services Administration. In total BHA has received $97.7m.

Project Name	**Description**
HR-133 & HR-1319 Block Grants for Community Mental Health Services	The BHA is utilizing this funding to provide or enhance a variety of initiatives including: peer services for LatinX communities, crisis services focusing on Equity Diversity and inclusion (EDI), crisis hotline, Children Youth Mental Health Treatment Act, first episode of psychosis programming and supports, Individual Placement and Support (IPS), emergency transportation services, tribal peer support services and tribal crisis mitigation, EDI workforce development, housing support case management services, enhanced service delivery during crisis and disaster behavioral health incidents, provider education regarding disaster behavioral health, Learning Management System development, Assertive

	Community Treatment (ACT) expansion, transition age youth EDI programming, mental health housing support, COVID testing and mitigation.
HR-133 & HR-1319 Block Grants for Prevention and Treatment of Substance Abuse	The BHA is utilizing this funding to provide or enhance a variety of initiatives including: bed-registry, crisis services, Women's SUD Tough as a Mother education campaign & transition care, IPS, substance use prevention services, Children Youth & Families SUD treatment services, recovery support services including recovery housing, integrated family support, peer services for LatinX communities, tribal peer support and crisis mitigation, workforce support, and COVID testing and mitigation.
Emergency Grants to Address Mental Health & Substance Use Disorders During COVID	The BHA is utilizing this funding to provide or enhance a variety of initiatives including: evidence-based mental health and substance use disorder treatment for adults, children and adolescents; transports from emergency departments to COVID positive behavioral health units; healthcare practitioner and educator support through the ECHO program; care coordination and transportation within ASOs providing crisis services; and support of mobile and walk-in crisis services.

2022 SLFRF

This funding was appropriated in the 2022 Legislative Session and provided the BHA $211.2m. This funding became available July 1, 2022 and all projects are in the initial periods of implementation, which includes project planning and design. Project descriptions can be found in the table below. The BHA is in the early implementation phase of the following 2022 projects and has been actively working on these projects and engaging stakeholders. Based on these early activities, we do not currently foresee barriers; however, this funding is available until December 2024 and the BHA will continue to monitor any barriers that could come up in the future.

Project Name	**Description**
Children Youth and Family Behavioral Health Services Grants	This project will provide grants to nonprofits and local governments to expand behavioral health care services for children, youth, and families (CYF) to address acute, complex, or severe behavioral health problems. Uses include establishing and operating CYF-oriented care "access points" located within a two-hour drive of every community co-located with behavioral health treatment facilities or family resource centers, establishing navigation and coordination services, expanding evidence-based/informed behavioral health treatment (including substance use disorder treatment, intensive outpatient services with wraparound care, and caregiver interventions), and capital expenditures for the treatment services.
Colorado Land-Based Tribe Behavioral Health Services Grant Program	This project will fund capacity for treatment of Substance Use Disorder (SUD) and related disorders for both of Colorado's two Land-Based Tribes. The recipients will either remodel and refurbish an existing facility or will purchase suited property to build a center designed to meet residential substance use treatment needs.

Expansion of Care Coordination Infrastructure	This project will improve Colorado's behavioral health care coordination infrastructure by shifting to a critical cloud-based platform for Colorado's care coordination infrastructure, namely a cloud-based platform that will allow behavioral health providers that currently do not utilize an electronic health record to actively participate in the state's care coordination infrastructure. In addition as part of implementing this technology solution, the BHA will train new and existing navigators on the behavioral health safety net system services, procedures, and social determinants of health resources.
Jail-Based Integrated Behavioral Health Services	This project will provide technical assistance to jails which includes development and implementation of medication-assisted treatment, development of guidelines for nonmedical evaluations, including timelines for performing a subsequent medical evaluation and administering medical withdrawal management, approval of prescribers by the united states drug enforcement agency, and other appropriate withdrawal management care, and assistance with identifying bulk purchasing opportunities for necessary services.
Youth and Family Behavioral Health Care (Crisis Services)	This project will continue the work to enhance crisis access for children, youth, and families. The project scope is: In-home, post acute-crisis stabilization for children, youth, and their families using a multidisciplinary, wraparound approach including: individual and family therapy, case management, coordination with existing programs, group therapy, peer supports, psychiatry and medication management, family skill building with the intention of reducing referrals to higher levels of care and stabilization of young people in their communities.
Substance Use Workforce Stability Grant Program	This project provides grants for substance use disorder (SUD) treatment and recovery providers to support front line SUD workforce employees. Providers may use the funding for temporary salary increases, recruitment and retention bonuses, and other workforce support strategies.
Behavioral Health Care Workforce: Workforce Expansion	This project creates paid internships and pre-licensure stipends; career pipeline development grants; behavioral health apprenticeships; and grant programs supporting recruitment and retention in high-need areas in order to strengthen and diversify the behavioral health career pipeline by removing barriers for those entering the field, and reducing the administrative burden for the current behavioral health workforce.
Behavioral Health Care Workforce: Peer Support	This project will expand, strengthen, and professionalize the peer support workers in the Behavioral Health field by formalizing ethical standards, governance, certification, training curriculum, and tracking mechanisms. The project will formalize career pathways that value lived experience for substance use disorder prevention, suicide prevention supports, and other mental health concerns. The Peer Support Professionals program provides entry into the workforce for populations that have been underutilized and underrepresented.
Behavioral Health Care Workforce: Behavioral Health	This project will develop a behavioral health aide pilot program that will fill gaps in the behavioral health treatment array, allowing for some degree of

Aide Program	para-professionalism, where appropriate tasks can be handled by lower-credentialed staff, allowing higher-credentialed staff to work at the top of their licensure. This program focuses interventions at the needed level of care that seeks to avoid behavioral health deterioration that requires higher levels of care outside of the local community. Additionally, this model (based on one developed in Alaska) allows for tiered entry into the workforce, which invites and allows a larger pool of prospective employees to find an appealing career path within behavioral health.
Rapid Mental Health Response for Colorado Youth (I Matter)	This project continues the I Matter program which provides free rapid mental health services, including substance use disorder services, to children and youth, including those needs that may have been exacerbated by the pandemic.
Criminal Justice Intervention Detection & Redirection Grant Program	The project establishes the early intervention, deflection, and redirection from the criminal justice system grant program in the BHA to provide grants to local governments, federally recognized Indian tribes, health-care providers, community-based organizations, and nonprofit organizations to fund programs and strategies that prevent people with behavioral health needs from becoming involved with the criminal justice system or that redirect individuals in the criminal justice system with behavioral health needs from the system to appropriate services.
Behavioral Health Continuum Gap Community Investment Grants	This project will provide grants to local governments, community-based organizations, and non-profit organizations for programs and services along the behavioral health continuum in areas of highest need. The behavioral health continuum includes prevention, treatment, crisis services, recovery, harm reduction, care navigation and coordination, trauma recovery, trauma-informed training, training on providing services in a culturally responsive manner, transitional housing, supportive housing, and recovery homes.
Behavioral Health Care Workforce: Learning Academy	This project will build an innovative behavioral health learning nexus that will become a unified source connecting people and knowledge across the state.
Residential substance use treatment beds for children and youth	This project will leverage existing MSO contract(s) to expand and build capacity for substance use residential treatment beds, with at least access to additional residential treatment beds. The MSO(s) will subcontract with private and/or nonprofit sector substance use care providers with existing infrastructure to build capacity to operate the residential treatment programs. To the greatest extent possible, these beds will serve both mental health and substance use treatment services and withdrawal management treatment services.
Rapid Mental Health Response (I Matter) - Awareness Campaign	This project will promote the I Matter program to raise awareness of the program and drive youth to sign up for free therapy sessions. The public awareness and outreach campaign will include the initial branding of the program, creative asset development, paid media strategy and execution, and community outreach to youth-serving organizations and schools

2 **Please identify how many rules you have promulgated in the past year (FY 2021-22). With respect to these rules, have you done any cost-benefit analyses pursuant to Section 24-4-103 (2.5), C.R.S., regulatory analyses pursuant to Section 24-4-103 (4.5), C.R.S., or any other similar analysis? Have you conducted a cost-benefit analysis of the Department's rules as a whole? If so, please provide an overview of each analysis.**

The BHA did not promulgate any rules in the past year (FY 2021-22).

3 **How many temporary FTE has the Department been appropriated funding in each of the following fiscal years: FY 2019-20, FY 2020-21, FY 2021-22, and FY 2022-23? For how many of the temporary FTE was the appropriation made in the Long Bill? In other legislation? Please indicate the amount of funding that was appropriated. What is the department's strategy related to ensuring the short term nature of these positions? Does the department intend to make the positions permanent in the future?**

The BHA is unable to provide temporary FTE counts. Temporary FTE are not included in the statutory definition of FTE pursuant to Section 24-75-112(1)(d)(II), C.R.S. which states that FTE does not include contractual, temporary, or permanent season positions. The department has provided as part of the November 1 request the Schedule 14A and 14B which provides actual expenditures. For the upcoming years, the department manages the dollar appropriation which has been affirmed by two Supreme Court cases (Colorado GA vs Owens and Anderson v Lamm).

4 **Please provide a description, calculation, and the assumptions for the fiscal impact of implementing the provisions of the Partnership Agreement, including but not limited to changes in annual leave accrual, holiday pay, and paid family and medical leave. If your department includes employees who are exempt from the Partnership Agreement, please indicate whether or not you intend to implement similar benefit changes as those required for covered employees. Please provide a breakdown of the fiscal impact of implementing the provisions of the Partnership Agreement for: a) employees who are subject to the Agreement, and b) employees who are exempt from the Agreement.**

The cost to departments for employees using the paid family medical leave was requested and approved last year (DPA FY 2022-23 R-02). For FY 2023-24 the cost is part of the POTS appropriation called Temporary Employees Related to Authorized Leave. The adjustment to annual leave and the additional holiday, as noted in the fiscal note for the bill (S.B. 22-139) were expected to be minimal and if necessary will be addressed through the annual budget process. The Governor's November 1, 2022 budget included funding for the economic articles of the Partnership Agreement, including funding for paid family medical leave. The department is working with OSPB and DPA to submit a January budget amendment if necessary to seek additional adjustments related to the Partnership Agreement. In addition, OSPB will provide the JBC with a breakdown of the fiscal impact of implementing the Partnership Agreement by department.

Behavioral Health Administration

BHA R1 – Behavioral Health Administration Personnel

1. ***[Sen. Bridges/Senator-elect Pelton]*** **The BHA is requesting an increase of $3.5 million General Fund and 31.3 FTE (34.0 positions) for FY 2023-24 for the next phase of BHA implementation. Please explain why that number of FTE is necessary – and why the existing FTE (including those transferred from the Office of Behavioral Health, those approved (for FY 2022-23), and those anticipated for FY 2023-24 in fiscal note for H.B. 22-1278 are not sufficient to perform the agency's statutorily-required duties. Why is this the right balance between staff and administrative costs at the BHA vs. paying providers for services? Please explain. (Slide 18-27)**

Many of the additional duties assigned to the BHA with HB 22-1278 are related to establishing an infrastructure for collaboration, transparency, and accountability. More specifically, this includes a grievance system, a care coordination system, a behavioral health monitoring and evaluation system, the development of a comprehensive safety net system, the creation and implementation of a large-scale administrative service organization function, and the responsibility for behavioral health licensing rules and regulation. These are key gaps of the behavioral health system which were identified as critical to address during the Behavioral Health Task Force analysis of the behavioral health system in Colorado. This specifically highlights the need for administrative overhaul and additional administrative oversight to ensure that behavioral healthcare service delivery is efficient, effective, and equitable to all Colorodans.

To address the responsibilities outlined in HB 22-1278, the BHA currently has two groups of FTE:

- Existing FTE transferred from the Office of Behavioral Health: Since HB22-1278 transferred over administration of existing behavioral health programs previously operated by Office of Behavioral Health - Community Behavioral Health (CRS 27-50-105), the staff that transferred from OBH are continuing to be responsible for the operations of Community Based Behavioral Health Programs, which includes activities such as contract management, program management and technical assistance, and data analytics.
- HB 22-1278 FY23 & FY24: The appropriations clause and fiscal note for H.B. 22-1278 included 21.4 FTE for FY 2022-23, annualized to 29 FTE in FY 2023-24. These FTE hired from HB 22-1278 were the FTE identified as being critical to be hired immediately in order to develop and begin implementing the strategy to meet the BHA's legislative requirements.

  A reason for a second FTE request is because the BHA is being thoughtful around implementation. The BHA felt that a more responsible approach to handle such a large-scale FTE request was in a phased approach so that the BHA could learn from implementation progress as well as have a leadership team to drive decision-making and strategy.

Based on existing appropriations for administration in the Long Bill, H.B. 22-1329 and H.B. 22-1278, BHA staff estimate that approximately $12.7 million is provided for these functions out of a total of $250.5 million. This equates to roughly 5.1% of total appropriations going to BHA program administration. It should be noted that this does not include stimulus funds, which are predominately being administered through existing resources. Existing funds allow the BHA to keep up with current program requirements and some of the

changes made through H.B 22-1278. However, to fully comply with the statutory requirements, additional resources are necessary.

The R-01 request for an additional 31.4 FTE and $3.5 million is designed to provide the BHA with the resources necessary to implement the full breadth of the requirements in H.B. 22-1278. When added to existing appropriations, this increases the BHA's administrative percentage to roughly 6.4%, and it does not come at the cost of any of the programmatic resources currently being administered. It does give the BHA adequate personnel resources to address the comprehensive requirements outlined in H.B. 22-1278 ensuring statewide collaboration and coordination, transparency, accountability, and a comprehensive systems change that centers on the people of Colorado.

2. ***[Sen. Kirkmeyer/Senator-elect Pelton]*** **Please discuss how the number and nature of the FTE requested in R1 relate to the number and nature of FTE anticipated in the Fiscal Note for H.B. 22-1278. Why is the Department requesting this level of increase above what was reflected in that fiscal note? (Slide 25-27)**

The number of FTE requested in R-01 are in addition to the FTE indicated in the Fiscal Note for HB 22-1278. Due to the large-scale nature of the system changes occurring, during the Fiscal Note process for HB 22-1278, it was determined to be most sensible to fund the immediately identified implementation costs, and, through implementation, address future year costs in the annual budget process. This first year of implementation has been focused on hiring BHA leadership positions across all divisions, which has led to refined and comprehensive implementation planning and development for HB 22-1278 initiatives. These additional FTE requests in R-01 are an outcome of the planning conducted in the beginning periods of FY23 and the resultant personnel needs for the full implementation of HB 22-1278 by July 1, 2024, which creates an improved behavioral health system that is responsive to the needs of all Colorodans.

3. ***[Sen. Zenzinger]*** **With the BHA having launched in July 2022, please provide a brief update on the agency's progress to-date with the implementation of H.B. 22-1278 as well as projections of progress through the end of the current fiscal year. How many positions have you filled and how many more do you expect to fill by the end of the year (in relation to the number of positions anticipated in the appropriation and fiscal note for H.B. 22-1278)? (Slide 25-32)**

HB 22-1278 granted the BHA Commissioner full authority, with the Governor, to lead and develop Colorado's vision and strategy for behavioral health for children, youth, and adults. HB 22-1278 further established the BHA's charge by requiring the BHA to create a coordinated, cohesive, and effective behavioral health system in Colorado and that any state agency that administers a behavioral health program shall collaborate with the BHA to achieve the goals and objectives established by the BHA.

Since its launch on July 1, 2022, the Behavioral Health Administration (BHA) has been working to implement the different provisions of HB 22-1278. The BHA successfully selected representatives across Colorado to serve on the Behavioral Health Administration Advisory Council. This council officially launched in August and will continue to work with the BHA to ensure that our efforts are informed by lived experience. As directed by HB 22-1278, the BHA has also launched the Interagency Council, a monthly meeting of all departments to discuss behavioral health topics. The BHA is co-creating agendas for these meetings with other Departments to build networked government. In September, the BHA launched its statewide strategy for workforce. While not specifically part of 1278, this plan directly addresses many of the challenges that

providers across the state are facing to ensure that behavioral health services are meaningful, accessible, and trusted.

Currently, the BHA is working on its strategic vision. The BHA is working with the Advisory Council, other departments, and key stakeholders to ensure that the vision reflects the BHA's values and is people-centered. The BHA is also working on Formal Agreement Documents with other Departments that provide behavioral health services. BHA staff are meeting regularly with other Departments to ensure that these documents reflect the critical collaboration necessary between the BHA and other Departments. In collaboration with the Department of Health Care Policy and Financing, the BHA is working to develop the Universal Contracting Provisions. These provisions establish a baseline level of care for any provider in the State.

Another critical effort that the BHA is working on is the comprehensive rule rewrite. These critical revisions will move the Behavioral Health Entity license into the BHA, establish key safety net provisions, and outline the continuum of care for the State of Colorado. This is one of the most critical elements that the BHA is working on to establish a people-first behavioral health administration.

In creating a coordinated, cohesive, and effective behavioral health system, HB 22-1278 established specific requirements for the BHA to create, monitor, and routinely update a comprehensive and standardized behavioral health safety-net system. The BHA is required to ensure that a continuum of safety-net services are provided on a community, regional, and statewide basis for children, youth, and adults. In executing the visions of HB 22-1278, the BHA is currently developing the new initiatives for the behavioral health system, while simultaneously implementing new stimulus funded and legacy behavioral health programs transferred to the BHA. New behavioral health system responsibility can be described in two core concepts: *Streamlined Government* where behavioral health services in Colorado are accessible, meaningful and trusted; and the *Development of a Collaborative and Community Informed System*where stakeholders work together to co-create a people-first behavioral health system that meets the needs of all people in Colorado. The following new BHA services fall into these two concepts, with their corresponding implementation dates identified:

Streamlined Government:

- FY23
    - Formal Agreements to provide structure and expectation for state agencies to implement their behavioral health programs
    - Universal Contracting Provisions to provide clear, standardized requirements for state agencies to use when contracting for behavioral health services
    - Single fiscal management system which maximizes the use of federal dollars
    - Behavioral Health Entity licensing functions
    - Data sharing agreements to promote data exchange between agencies
    - Deployment of Access To Care methodology as a single metric to demonstrate the ability to reduce barriers in achieving equitable, positive, patient-centered outcomes
    - Release of BHA's statewide strategic vision highlighting further long-term initiatives
- FY24
    - Colorado's Behavioral Health Continuum of Care and Safety-Net Services provided on a community, regional, and statewide basis

- Behavioral Health Entity Licensing, transferred from the Department of Public Health and Environment, and behavioral health safety-net provider approval
- Care Coordination Infrastructure to establish person-centered, objective and standardized processes for service delivery and referrals across providers and payers
- Development of a joint (HCPF and BHA) quality framework and associated value-based payment models
- Reduce the fragmentation of data by building a new and flexible data warehouse which further promotes interoperability between BHA-owned systems as well as the broader behavioral health IT ecosystem

Development of a Collaborative and Community Informed System:

- FY23
  - BHAAC regional subcommittees to provide pathways for stakeholder engagement and recommend improvements to the behavioral health system at a regional level
  - Re-imagined crisis system, including implementation of Mobile Crisis Response benefit
  - Inaugural report on Behavioral Health System Grievances
- FY24
  - Behavioral Health Administrative Service Organizations (BHASO) to implement regionally-based behavioral health safety-net services aligned with the specific needs of communities
  - System Performance and Monitoring to set and track key metrics to inform needed changes to the public and private behavioral health system
  - Network Standards for state agencies administering community-based behavioral health programs to align with the standards created by the BHA
  - Statewide Grievance System to collect, identify and address service delivery gaps to inform statewide behavioral health system policy
  - Behavioral Health-Care Provider Workforce plan to expand and strengthen Colorado's behavioral health workforce to service children, youth and adults. Behavioral Health Workforce Plan launched September 1, 2022
  - Bed Capacity Tracking & Central Registry

House Bill 22-1278 appropriated 21.4 FTE to the Behavioral Health Administration for the implementation of the Act. The BHA assessed the critical needs and prioritized positions necessary to coordinate and implement the new statutory requirements in H.B 22-1278. Some of these staffing priorities took shape in advance of the BHA's formal launch on July 1, 2022 while others were devised through continuous analysis of team needs. As a result, the BHA has restructured some of the initially planned FTE to meet the immediate needs associated with implementation. To date, the BHA has hired 16 FTE from HB 22-1278. The FTE hired reflect the critical leadership and other programmatic needs for implementing HB 22-1278. The BHA is working to address filling additional positions while balancing the different needs across all of the teams working to comprehensively change the State's behavioral health system.

4. ***[Sen. Bridges]*** **With implementation of the BHA now underway following the official launch in July 2022, how has the BHA's thinking about implementation changed since the enactment of H.B. 22-1278? Is request R1 still on target with the agency's goals and responsibilities? Please explain. (Slide 31-33)**

With any systemic overhaul, implementation is critical. The Behavioral Health Task Force outlined the key elements of reform that took additional shape in H.B. 22-1278. When the BHA launched, it started executing on the implementation requirements outlined in the legislation ranging from launching the lived experience council, developing OwnPath, the BHA's provider directory, and hiring staff to support creating a person-first behavioral health system. R-01 is specifically meant to address BHA's continued implementation of HB 22-1278 by providing additional staff support required for systems change. The submission of R-01 is not a deviation from original implementation plans but rather the next phase of the implementation plans to continue building the State's new system. The BHA is still guided by the initiatives outlined in HB 22-1278 and is working to achieve the requirements as outlined for July 1, 2023 and July 1, 2024.

BHA R2 – CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

5. ***[Sen. Zenzinger]*** **The BHA is requesting an increase of $5.5 million General Fund for FY 2023-24 above the current FY 2022-23 appropriation for the Children and Youth Mental Health Treatment Act (an increase of $2.5 million above the interim supplemental that the Committee approved in September 2022).**
   a. **Please provide updated data and projections with caseload and expenditure trends for the most recent two years of actuals, the current year (FY 2022-23), and FY 2023-24. If the BHA now anticipates need for a waitlist in either FY 2022-23 or FY 2023-24, please discuss the magnitude of the waitlist. (Slide 41-42)**

Item	FY 2020-21	FY 2021-22	FY 2022-23*	FY 2023-24 *
Number of CYMHTA funded clients	246	271	301	331
CYMHTA Total Expenditures and Projected*	$5.73m	$6.8m	$7.7m	$8.6m

**Projections*

At this time, with the respective funding request and anticipated projections the BHA does not anticipate the need for a waitlist in either FY 2022-23 or FY 2023-24. CYMHTA has a self-referring process which lends itself to some unpredictability, especially during these unprecedented pandemic times and the children's behavioral health crisis in Colorado. The following are considerations the BHA is taking into account with potential implications to CYMHTA utilization:

- The Public Health Emergency (PHE): When the PHE ends, Health First Colorado (Medicaid) will return to normal renewal processes. When lifted, loss of Medicaid for those who are no longer categorically eligible may make them eligible for CYMHTA.
- CYMHTA follows the Residential Daily Rate schedule under Colorado Department of Human Services Division of Child Welfare (CDHS DCW) for Qualified Residential Treatment Programs (QRTP) and Residential Child Care Facilities (RCCF). CDHS DCW will be completing the actuarial process for residential daily rates in the Spring of 2023 for effective date of July 1, 2024. It is anticipated there will be an increase in these rates, exceeding the standard 2%.

b. Please provide projections of the anticipated waitlist with and without the increase proposed for FY 2023-24. (Slide 43)

With the proposed increase for FY24, the BHA does not anticipate the need for a waitlist.

Without the proposed increase for FY24, based on what is currently available for projections, the BHA would estimate 100 children/youth on a waitlist without the additional funding. It should be noted, these youth would move into the SFY2024-25 waitlist and the number would continue to accrue. The only way a child/youth would come off the waitlist would be if services were no longer needed or they became involved with child welfare/or some other system involvement that could fund treatment.

c. Please briefly describe what is driving the increasing caseload for this program. (Slide 38 & 44)

Anecdotal information from the Administrative Services Organizations (ASOs) who administer CYMHTA report the following themes frequently encountered:

- Exacerbated mental health symptoms due to the pandemic,
- Reaction/response to isolation from peers and family,
- Anxiety regarding getting sick and/or getting the vaccine,
- Academic struggles,
- Unhealthy trauma bond related to the pandemic.

For the pandemic, the ASOs are often hearing, "stuff wasn't great before the pandemic, but then school went virtual and things quickly deteriorated". The ASOs are the entities that talk with the families at the onset and throughout funding.

CYMHTA information is being provided to families by child welfare as the ASOs have worked over the last two SYF to enhance their relationship with local child welfare offices to support the CYMHTA program.

The same ASOs that operate the crisis services for the BHA are also the ASOs for the CYMHTA program. Given the nature of the CYMHTA program and the correlation between children entering

the crisis system, there are synergies that have been making the CYMHTA program more accessible and known.

The ASOs are also contracted with BHA for FFPSA Assessments and High Fidelity WrapAround, which have the potential to intersect with CYMHTA as well in a very similar manner. For these programs the ASO has the opportunity to identify that CYMHTA may be a good resource to reduce the risk of out of home placement and unnecessarily child welfare/system involvement.

A single ASO (Signal) is the sole contractor for I Matter which provides free therapy treatment, which is also a possible intersection with CYMHTA. There is an opportunity to refer children to CYMHTA to reduce the risk of out of home placement and unnecessarily child welfare/system involvement due to ongoing mental health needs.

BHA R3 - Behavioral Health Learning Management System

6. ***[Sen Lee]*** **What is the BHA doing to assist service providers right now to help us keep delivering services despite a national workforce shortage in healthcare and behavioral healthcare? Will the BHA be open to waivers on regulations related to staff: patient ratios or non-licensed staff that are supervised by professionals to fill support roles? (Slide 48-49)**

As part of the implementation of the workforce strategic plan, the BHA has many targeted priorities that address the national workforce shortage:

- Funds have been allocated in SB 22-181 for targeted recruitment. The BHA is working on specific national recruiting campaigns for higher-licensure professions and efforts to diversify the workforce.

- Implementing a Colorado-specific stipend for emerging clinicians, to offer financial support while they are completing required internships, practicums, and pre-licensure clinical hours. The goal is to help more students move into the workforce quickly. This is a joint effort with CDHE.

- By January 31, 2023 approximately $7 million dollars in recruitment and retention grants will be open to Behavioral Health providers and employers throughout the state. We are encouraging applicants to think creatively and innovatively about how to both recruit and retain qualified professionals, and use these funds to explore methods that can then be shared across the state.

- The BHA has several initiatives aimed at increasing both the number of paraprofessionals in the state and the scope of what they can do. Of note:
    - Expanding the use of peer support specialists across the state. Funds from SB 22-181 are being used specifically for recruitment, employer outreach, certification scholarships/reimbursements, and development of further training for trainers and supervisors
    - Implementation of the Behavioral Health Aide model in Colorado. This four-tiered program creates a career pathway for behavioral health paraprofessionals that goes from entry-level to

post-bachelors, with corresponding elevation of duties and scope of clinical services they can provide. Other states who have adopted this model have had success obtaining Medicaid reimbursement for services. This is a collaborative effort with CDHE, CCCS, HCPF, DORA, and others.

The BHA is actively working with DORA, HCPF, and others to critically re-examine regulatory barriers, including interstate portability of licensure.

BHA R5 – BHA Technical Adjustments

7. ***[Sen. Zenzinger]*** **The BHA is proposing two statutory changes through this decision item, one of which is to continuously appropriate the 988 Enterprise Cash Fund. However, the BHA is not requesting that the Committee sponsor the bills associated with the request. Please explain why. (Slide 55-56)**

The BHA did not request the 988 Enterprise Cash Fund as a JBC sponsored bill because the BHA is running a comprehensive BHA implementation update bill that addresses issues and other items that were created or not addressed by House Bill 22-1278. A few items have fiscal impacts, so to be transparent, the BHA and Office of State Planning and Budgeting (OSPB) submitted a decision item to reflect these changes. One of these items is the request to continuously appropriate the 988 Enterprise Cash Fund. This is consistent with other enterprise funds, but one of the critical elements related to the 988 Enterprise Cash Fund is that the 988 Enterprise Board and the Public Utility Commission set the surcharge rate that feeds the fund's revenue. This is a structural challenge for the BHA to control the expenditures, especially as the feds alter requirements for how states implement 988. In addition to the 988 Crisis Hotline, the enterprise funds the marketing, crisis outreach, stabilization, and acute care for the individuals calling the 988 Crisis Hotline. The community-based response services are a critical component to an accessible, meaningful, and trusted 988 Crisis Hotline, as even one bad experience with 988 may have life or death consequences for individuals seeking the services of the 988 Crisis Hotline. The BHA feels that this initiative fits into the comprehensive BHA implementation update bill due to the connection to community-based service delivery and allowing the BHA to quickly address community-based services to best meet the needs of the people of Colorado. The BHA sees a continuous appropriation of the 988 Enterprise Cash Fund allowing for behavioral health service to be agile in response to community behavioral health needs and tragic events. The background description needed to describe this request exceeded the perceived technical adjustment threshold of a JBC bill.

Behavioral Health Administration

Co-creating a people-first behavioral health system that meets the needs of all people in Colorado.

FY 2023-24 Joint Budget Committee Hearing
December 19, 2022

COLORADO
Behavioral Health Administration

Agenda

- Agency Overview
- Stimulus Updates
- R-01: Behavioral Health Administration Personnel
- R-02: Children's Behavioral Health Services - CYMHTA
- R-03: Behavioral Health Learning Management System
- R-05: Behavioral Health Administration Technical Adjustments
- Closing Comments & Questions

Agency Overview

What is the BHA?

The Behavioral Health Administration (BHA) is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.

Behavioral Health for the People

The people of Colorado called for this vision and the BHA was conceived by the community.

Purpose Driven

Because we believe all people in Colorado deserve to experience whole-person health, we envision a world in which behavioral health services in Colorado are accessible, meaningful, and trusted. Therefore we have made it our mission to co-create a people-first behavioral health system that meets the needs of *all* people in Colorado.

Values Commitment

Our Values

COLLABORATION

Working in partnership to realize a holistic behavioral health vision

COMMUNITY-INFORMED PRACTICE

Integrating evidence-based guidance with lived expertise

EQUITY

Naming root causes of injustices and allocating the necessary resources to support desired outcomes

GENERATIONAL IMPACT

Engaging in meaningful and thoughtful action to create a new legacy

TRUTH

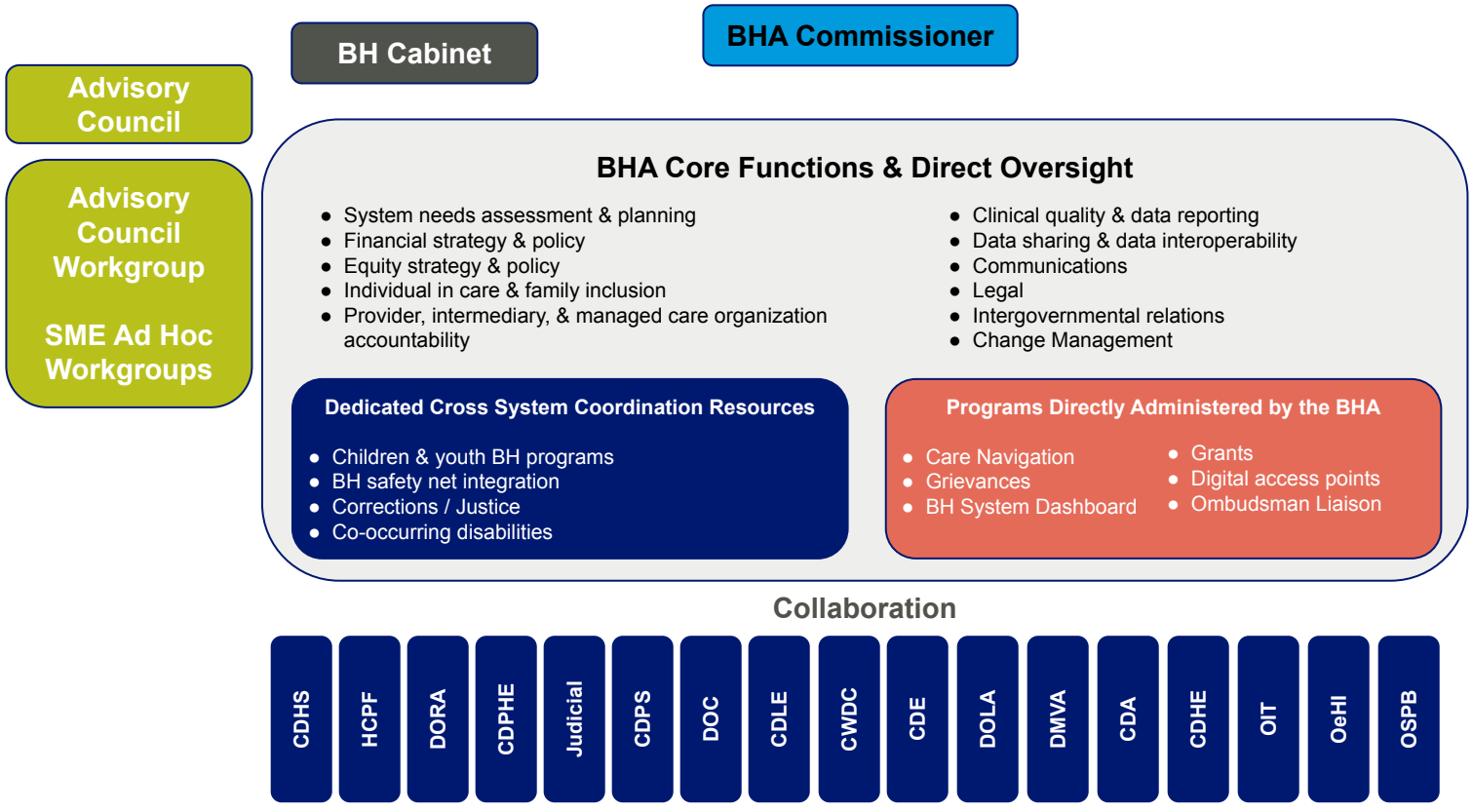
Being transparent and accurate when addressing the people of Colorado

The Governor's Behavioral Health Task Force identified the six pillars needed for a strong behavioral health system in Colorado.

SIX PILLARS

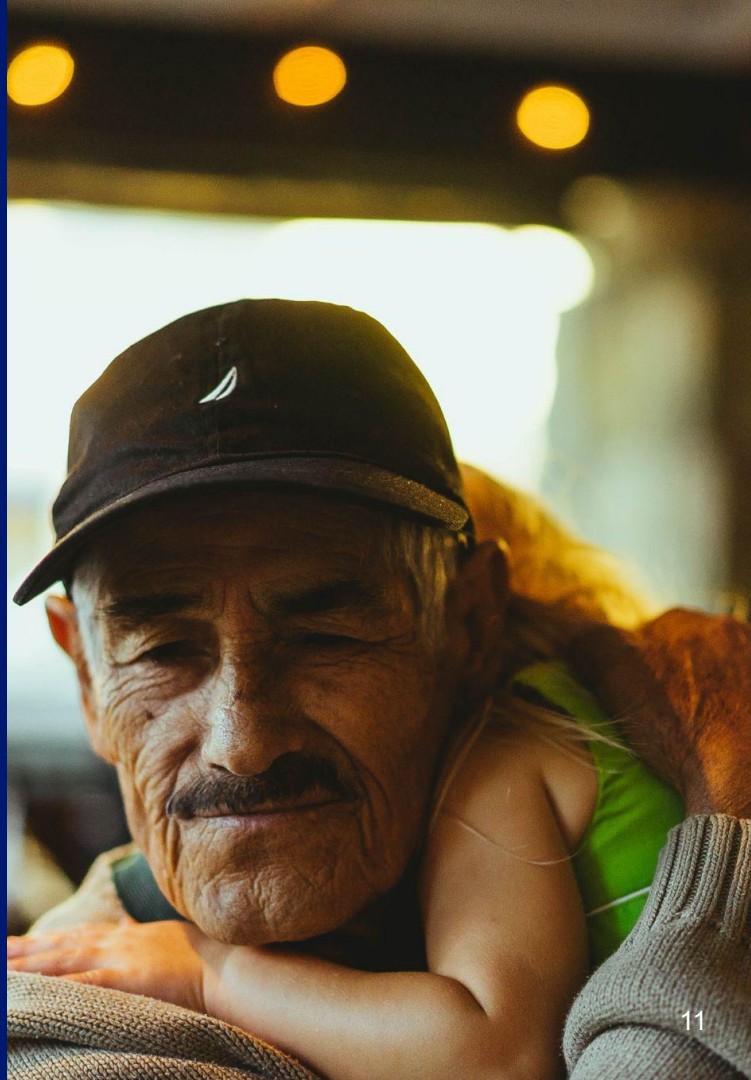
ACCESS	AFFORDABILITY	WORKFORCE & SUPPORT
All people in Colorado need access to a continuum of behavioral health services and to be connected to those services when they need them.	Care can be affordable when people get the care they need to stay healthy, administrative efficiencies are captured, and payment models incentivize positive outcomes.	A high-quality, trained, resourced, culturally-responsive and diverse behavioral health professional workforce is needed in Colorado to deliver improved health access.
ACCOUNTABILITY	**LIVED EXPERIENCE & LOCAL GUIDANCE**	**WHOLE PERSON CARE**
Collaboration across statewide partners needs to take place to ensure that all people in Colorado are receiving the quality care they need.	Engagement with community partners is critical to best meet local behavioral health needs together.	All people in Colorado are best served when their social determinants of health are adequately addressed.

The BHA Model

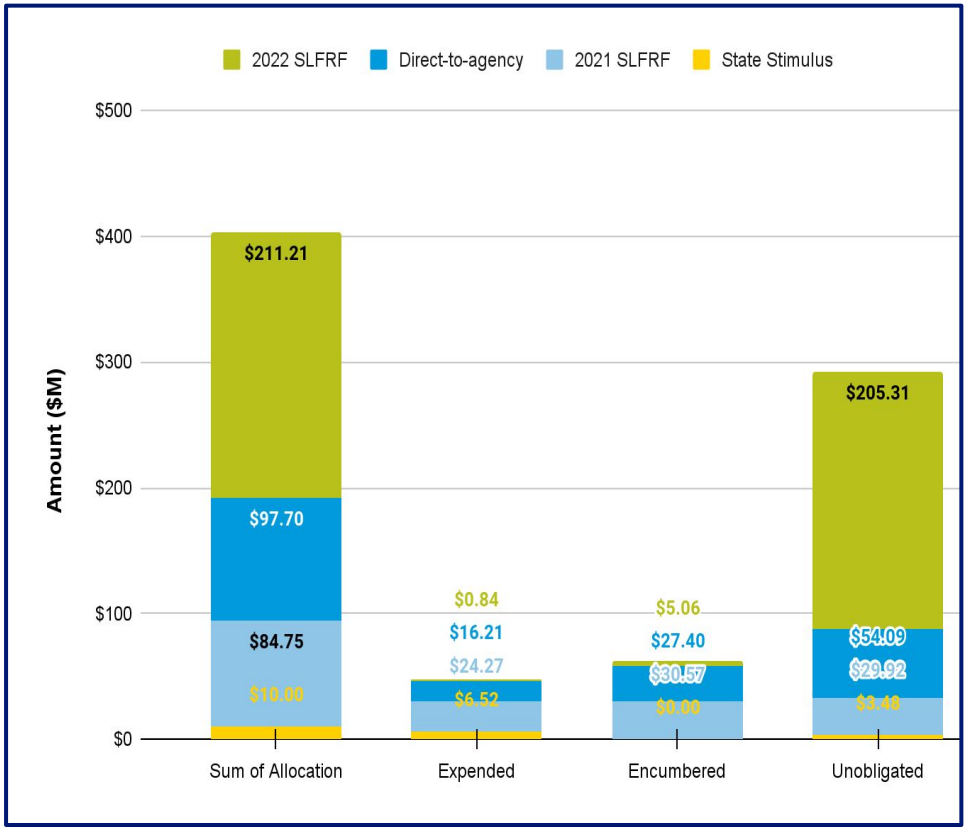


Budget Priorities

- Building on the momentum and call-to-action from HB 22-1278 in creating a behavioral health system that is accessible, meaningful, and trusted.
- Keeping families intact by providing necessary funding support for behavioral health services for children with complex behavioral health needs
- Sustaining workforce development efforts by funding long-term learning management system functionality



Stimulus Updates



BHA awarded $400+m in ARPA Stimulus funds, funding over 30 different initiatives

Stimulus Status

(Common Q1, pg.2)

Stimulus Update
(Common Q1, pg. 2)

- Creation and continued funding of I Matter Program, offering free mental health and substance use disorder services for youth
- Release of $130m+ in grant opportunities made available through SB 22-196 and HB 22-1281
- Received no-cost-extension on direct-to-agency stimulus funding originally expiring March 2023

Stimulus Efforts (Common Q1, pg. 2)

Prep work to getting money out the door:

- Engage stakeholders in accessing current needs
- Align our projects and initiatives with federal guidelines to ensure our spending is compliant
- Created the administrative structure(s) for those projects

Impacts to the spend rate:

- Program design of new projects take a bit longer
- IT projects takes a lot of planning before
- Workforce shortages both internally and with our community partners

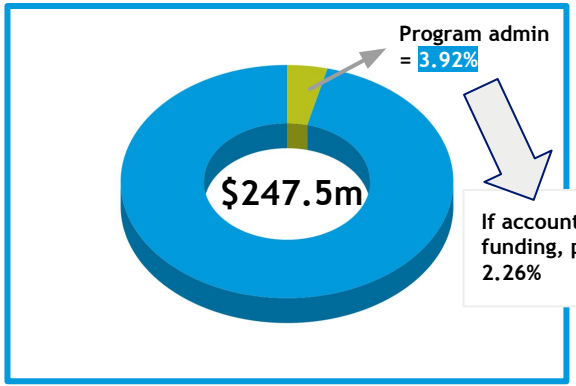
R-01: Behavioral Health Administration Personnel

Request Overview

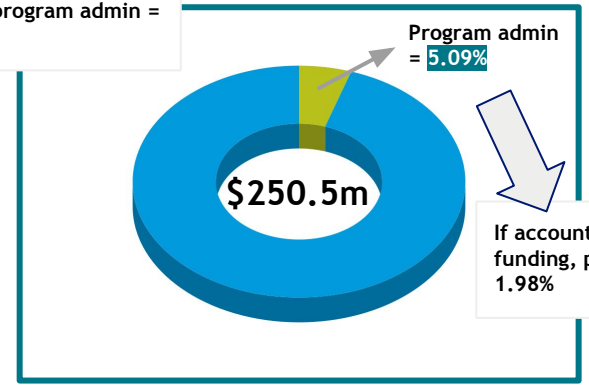
This request supports continued implementation of a multi-year behavioral health system reform effort led by the General Assembly, Governor Polis, and the Behavioral Health Administration.

01	FTE Request	FY 2023-24	31.3
		FY 2024-25 & out years	34.0
02	FTE General Fund Request	FY 2023-24	$3.48m
		FY 2024-25 & out years	$3.51m
03	Non-FTE General Fund Request	FY 2023-24	$0
		FY 2024-25 & out years	$0

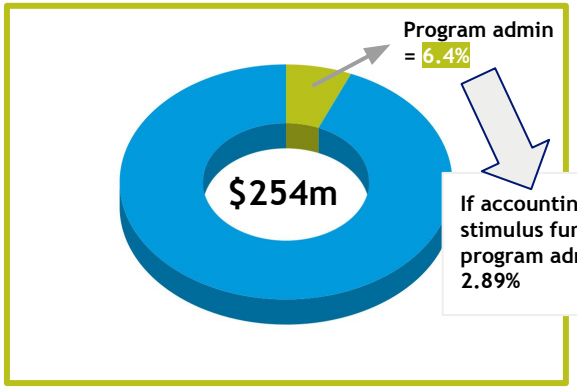
Balance of Administrative Cost (Q1, pg. 10)



Pre-BHA



BHA (1278)



BHA (1278 + R-01)

Figures are calculated based upon long bill appropriations

Community Behavioral Health (CBH) Programs (Q1, pg. 10)

Oversight of

~50

different program types for adults, children, youth, and families, and criminal justice.

Execution of

300+

contracts and associated contract management activities.

Management of

$275m+

in program budgets and account payables.

The staff transferred from OBH continue to be responsible for these functions

Colorado needs us now.

Depression, anxiety, and drug overdose deaths continue to increase in Colorado. Additionally, we are emerging from the acute stages of a traumatic pandemic that continues to impact medically vulnerable populations.

It is our aim to operate as a community anchor, supporting local efforts while elevating our collective cause.

Statewide System Level Transformation

(Q1, pg. 10)

Lack of a **shared vision** for behavioral health with multiple separate and disconnected strategies

Fragmented and uncoordinated funding strategies and priorities

Duplication of processes:

- Provider networks
- Standards
- Payment models
- Licensure/Designation
- Regulatory requirements and administrative expectations
- Data measures/reporting

Disparate accountability

Lack of transparency

A shared vision for behavioral health with a clear and coordinated strategy cross payer and sector

Planned, strategic funding for a future state of behavioral health with maximized federal dollars

Streamlined processes:

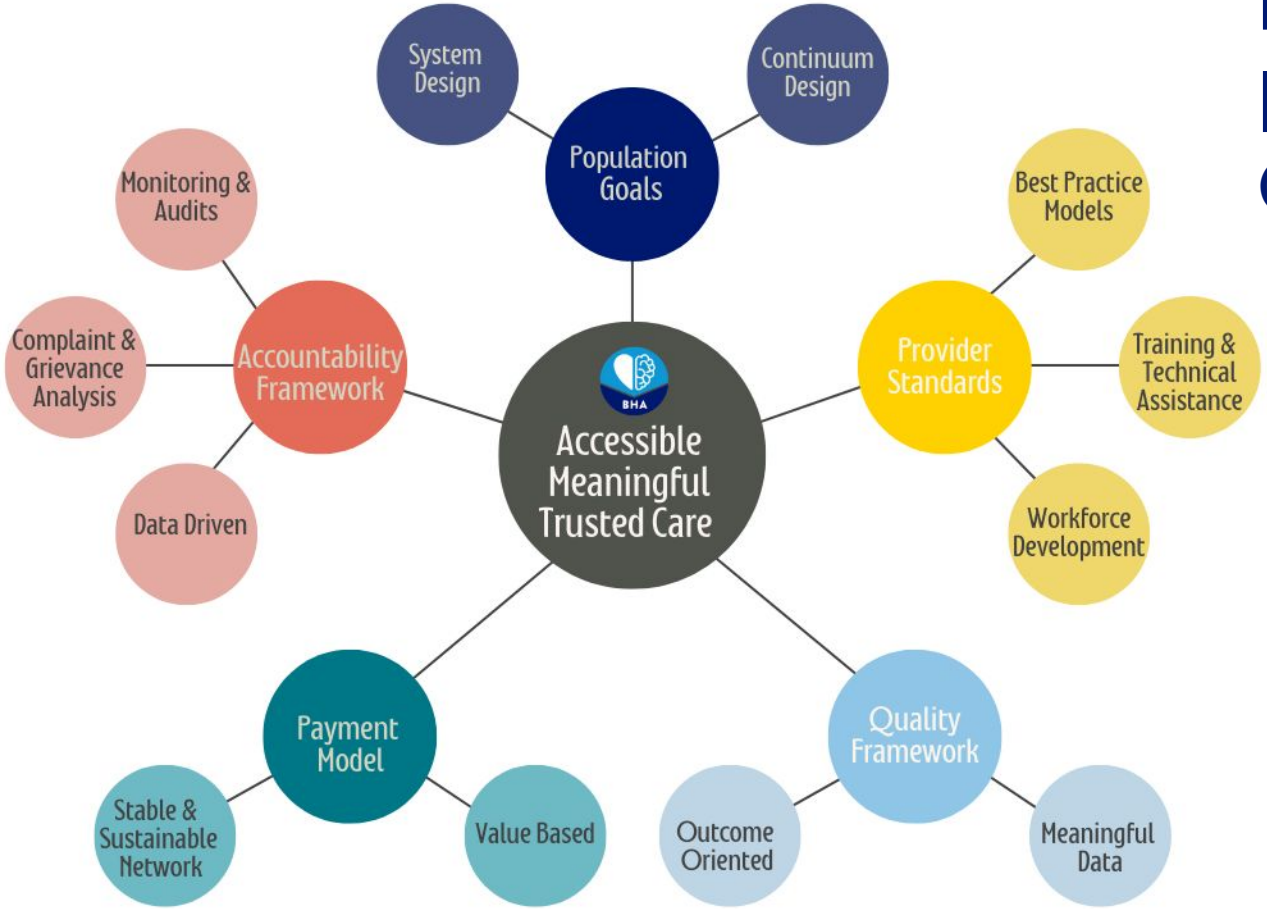
- Provider networks
- Standards
- Payment models
- Licensure/Designation
- Regulatory requirements and administrative expectations
- Data measures/reporting

Clear accountability

Public transparency

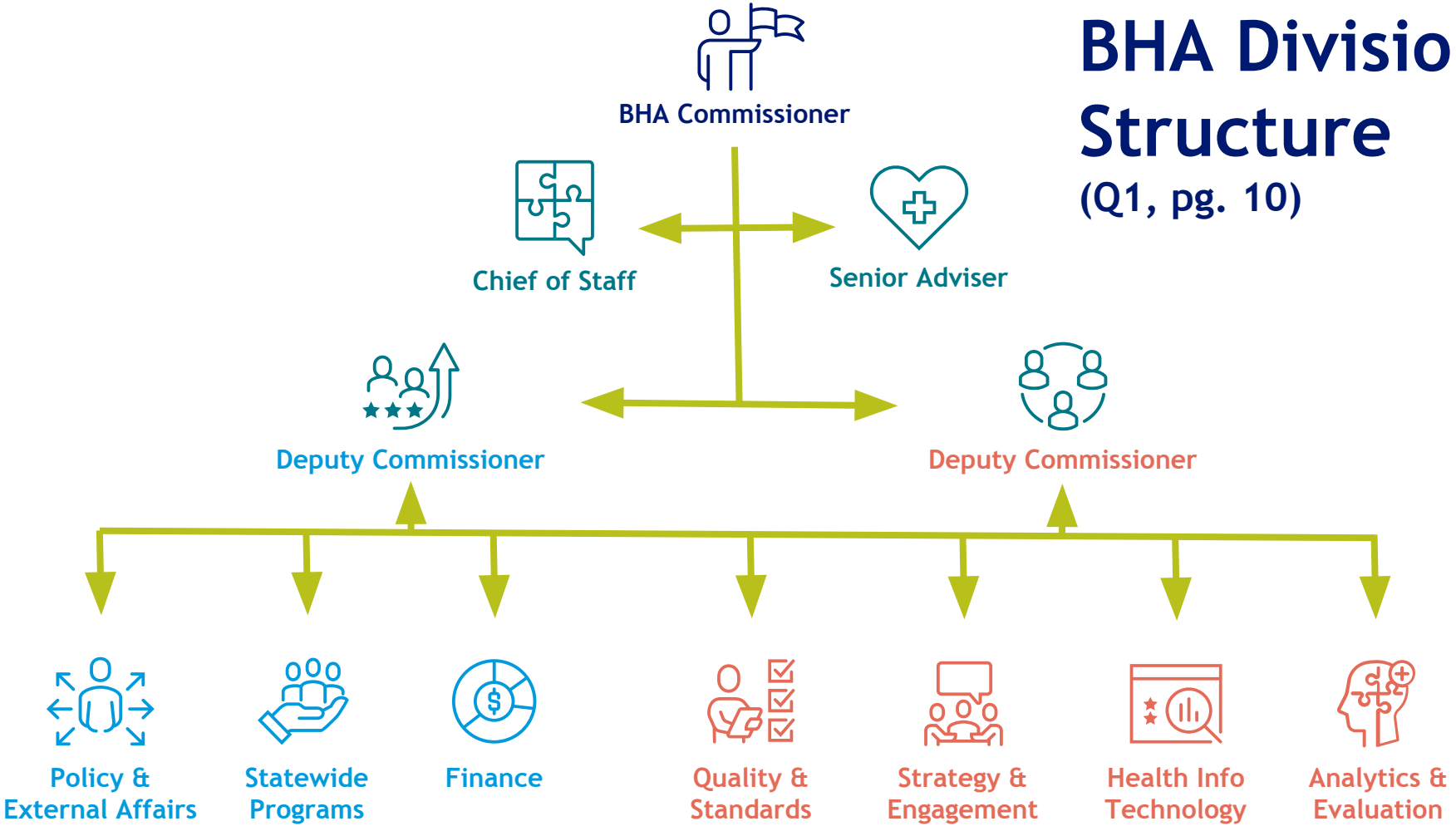
HB 22-1278 Framework

(Q1, pg. 10)



BHA Division Structure

(Q1, pg. 10)



HB 22-1278 FTE Overview

(Q1, pg. 10) (Q2, pg. 11) (Q3, pg. 11)

Department	FY 22-23	FY 23-24
Behavioral Health Administration (BHA)	21.4	29.0
Department of Human Services (excluding BHA)	4.5	9.0
Department of Health Care Policy & Financing	4.5	5.0
Department of Regulatory Agencies/ Division of Ins.	2.0	2.0
Department of Public Health and Environment	(0.2)	1.0
Legislative Department	(0.5)	0.0
TOTAL	**31.7**	**46.0**

HB 22-1278 BHA FTE Updates

(Q1, pg. 10) (Q2, pg. 11) (Q3, pg. 11)

The BHA has been very effective in hiring for HB 22-1278 FTE - including **16 completed hires and six vacancies expected to be filled by the end of FY23.**

As implementation of the BHA began on July 1, 2022 - the strategy and composition of teams have been refined to meet the needs of legislative requirements. Initially, there were identified needs in FY23 (reflected by the 1278 staff request) - some of those needs have shifted or have been reprioritized.

Utilizing the appropriations, the BHA prioritized key positions such as Commissioner, Deputy Commissioners, and Division Directors and the creation of new teams.

Notable changes:

- Reconfigured planned FTEs across teams
- Seven distinct divisions with division director leadership
- Two Deputy Commissioners
- Chief of staff position
- Restructure of the Data & Evaluation team → creation of Health Information Technology division and Behavioral Health Analytics Epidemiology and Evaluation division

HB 22-1278 BHA FTE Updates

(Q1, pg. 10) (Q2, pg. 11) (Q3, pg. 11)

- The bill is structured to stand up the BHA in two fiscal years → **We are currently only 25% through our implementation period**

- The BHA is committed to **transparency** regarding the budget.

    - Although there was an indication of additional FTE needs in FY24 - we could not anticipate those exact needs until we began the work

    - It was a more responsible approach to handle the FTE request in a phase approach. Specifically, the BHA wanted the assembled leadership team to be a part of the planning for the next phase implementation

Significant Progress Made So Far (Q3. pg. 11)

ENGAGEMENT

- Commissioner Statewide Tour ✔
- Lived Expertise Council ✔
- Cabinet Council ✔
- BHASO Stakeholder Engagement ✔
- Joint Information Center ✔

STRATEGIC VISION/PLANNING

- County Assessment Tool Launched ✔
- Formal Agreements (on-going)
- Release of BHA's Behavioral Health Plan ✔

NEW RULES/STANDARDS

- Continuum Rule Rewrite (on-going)
- Design Care Coordination Standards (on-going)

CELEBRATE 1 YEAR

JULY 2023

BHA LAUNCHES

JULY 2022

WORKFORCE STRATEGY

- Release of Statewide Strategy ✔
- Learning Academy in Progress ✔

GRANT OPPORTUNITIES

- Release of Community Investment Grants ✔
- Release of Children, Youth, and Families Grants ✔
- Release of Criminal Justice Early Intervention Grants ✔
- Release of Substance Use Workforce Stability ✔

ACCESS TO CARE

- Launch of OwnPath ✔
- Launch of 988 Crisis Line ✔
- Launch of Provider Services Platform ✔
- Access to Care Methodology ✔

Collaboration Across State Government

(Q3. pg. 11)

Formal Agreements

13

State Departments, Judicial Branch, BH Ombudsman

BH JIC

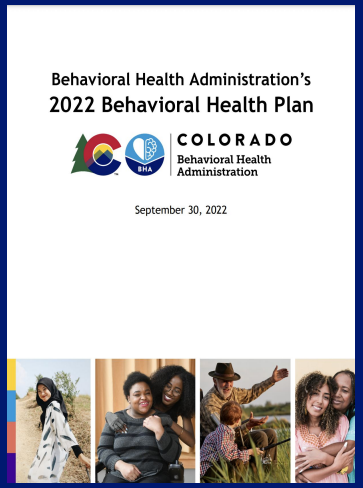
17

BH JIC members across 11 departments/agencies meeting weekly

Crisis Convenings

19

meetings with HCPF to support a new mobile crisis benefit



Reports + Publications (Q3. pg. 11)

Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership, is our strategic plan to strengthen the behavioral health workforce in Colorado to ensure we have a behavioral health system that offers accessible, meaningful, and trusted services.

The *General Assembly Report, 2022 Behavioral Health Plan* report contains the Behavioral Health Administration's (BHA's) early conceptualization of what it means to be the lead steward of a people-first vision for whole-person health in Colorado. As you read, we hope you can sense our excitement to prove ourselves trustworthy as the people's agency; called for by the people of our state and working to bring the people's vision to life.

Progress by FY23 (Q3. pg. 11) (Q4, pg. 14)

Creating a Streamlined Government

Behavioral health services in Colorado are accessible, meaningful and trusted

- **Behavioral Health Entity** (BHE) licensing
- **Formal Agreements** for state agencies
- **Universal Contracting Provisions** for state agencies to use when contracting for behavioral health services
- **Data Sharing Agreements**
- **Single Fiscal Management System** to streamline eligibility for BHA and Medicaid funded services
- Deployment of **Access To Care methodology** as a single metric to demonstrate patient-centered outcomes
- Release of BHA's **statewide strategic vision**

Develop a Community-Informed System

Stakeholders work together to co-create a people-first behavioral health system that meets the needs of all people in Colorado

- **Mobile Crisis Response** benefit
- BHAAC **regional subcommittees** for regional stakeholder engagement
- **Criminal Justice** roadmap to build a system that diverts individuals from justice involvement by offering appropriate services when needed
- Inaugural report on Behavioral Health System Grievances

Progress by FY24 (Q3. pg. 11) (Q4, pg. 14)

Creating a Streamlined Government

Behavioral health services in Colorado are accessible, meaningful and trusted

- Local, Regional, and Statewide **Continuum of Care and Safety-Net Services**
- Fully implement BHE licensing for **safety-net provider approval**
- **Care Coordination Infrastructure** for service delivery and referrals across providers and payers
- Development of a joint **quality framework** and **value-based payment models**
- Reduce the fragmentation of data by building a new and **flexible data warehouse** which further promotes **interoperability**

Develop a Community-Informed System

Stakeholders work together to co-create a people-first behavioral health system that meets the needs of all people in Colorado

- **BHASOs** to implement regionally-based behavioral health safety-net services
- **System Performance and Monitoring** to inform needed changes to the public and private behavioral health system
- **Network Standards** for state agencies
- **Statewide Grievance System** to collect, identify and address service delivery gaps
- Implementation of Behavioral Health-Care **Provider Workforce plan**
- Bed capacity tracking and central registry

The Need for FTE Support (Q4, pg. 14)

Putting People First: All request promote a people-first behavioral health system, including some additional resources to ensure efficient BHA administrative functions.

System Coordination: Policy and stakeholder engagement support to develop the behavioral health care continuum.

Statewide Vision and Strategy: Increased data analytics capacity to understand statewide needs and trends.

Affordability and Accountability: Additional support for statewide budget coordination, single-payer system development, rate analysis, and improved contracting.

System Quality: Resources to increase system licensing professionals and provide medical oversight for the system.

Streamline Experience: Personnel support for public and provider-facing Health Information Technology infrastructure.

R-02: Children's Behavioral Health Services - Children and Youth Mental Health Treatment Act (CYMHTA)

Request Overview

This request supports the department's ability to meet the demand for Children and Youth Mental Health Treatment Act (CYMHTA) services and reduce the need for a waitlist. The CYMHTA program funds Assessments, Treatment, Clinical Care Coordination, Appeals/Clinical Reviews, and a Family System Navigator.

01	FTE Request	FY 2023-24	0.0
		FY 2024-25 & out years	0.0
02	FTE General Fund Request	FY 2023-24	$0
		FY 2024-25 & out years	$0
03	Non-FTE General Fund Request	FY 2023-24	$5.5m
		FY 2024-25 & out years	$5.5m

CYMHTA Overview

- Must be at risk of out of home placement through unwarranted child welfare involvement, or other system involvement
- These are individuals who have private or commercial insurance or no insurance - CYMHTA fills the gaps in care
- Can’t have Medicaid or be Medicaid Eligible
- Must access the program prior to their 18th birthday
- Must have a mental health diagnosis
- No open or pending Dependency and Neglect Action through child welfare

CYMHTA has a self-referring process which lends itself to some unpredictability, especially during these unprecedented pandemic times and the children's behavioral health crisis in Colorado.

- All individuals who receive CYMHTA funding for treatment receive robust Clinical Care Coordination through the Administrative Service Organizations (ASOs).
- CYMHTA funded treatment has included: Residential, Intensive In-home Services, Equine, Respite, Mentorship, Behavior Coaching, and Applied Behavioral Analysis.

CYMHTA and the ASOs (Q5c, pg. 15)

The ASOs worked to enhance their relationship with local child welfare offices to support the CYMHTA program.

The ASOs are contractors for the Crisis System, Families First Preservation Services Act (FFPSA), and in some regions High Fidelity Wraparound and I Matter Program.

There are synergies between programs and a centralized contractor that increase the CYMHTA program's accessibility and reach.

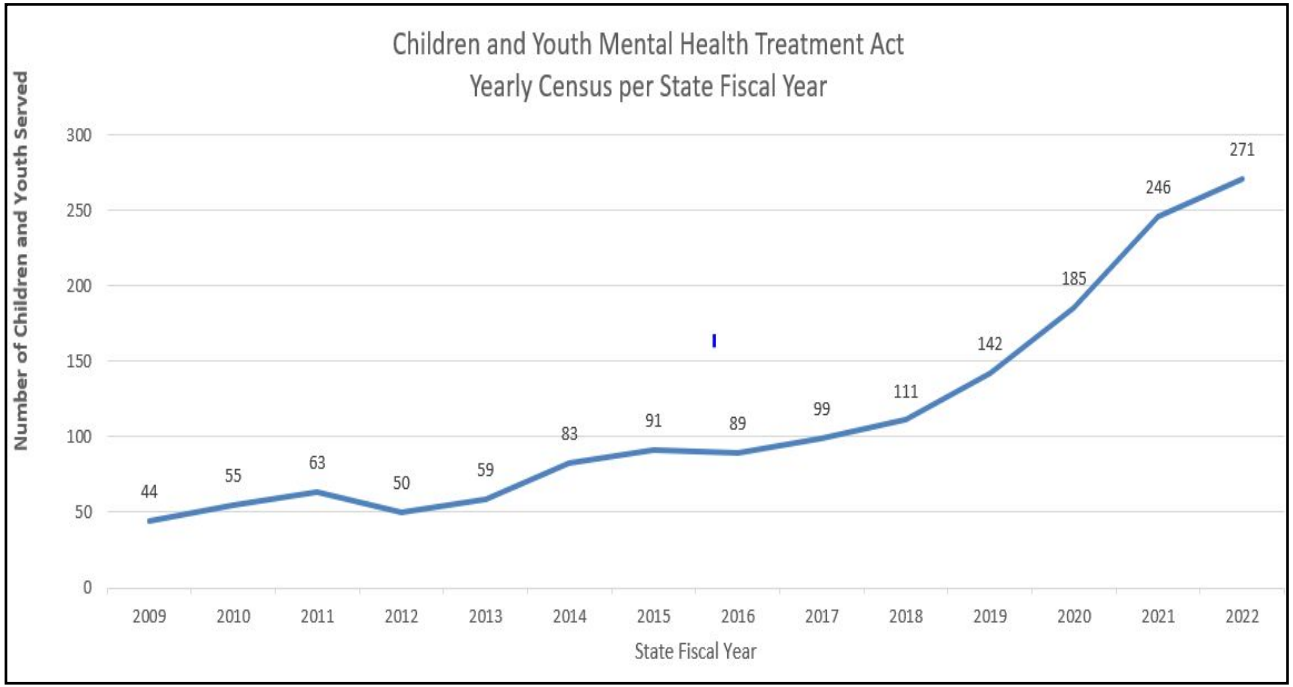
Who does CYMHTA Serve?

Percentages are of individuals who received CYMHTA funding for Treatment per State Fiscal Year.

State Fiscal Year	Mental Health C.R.S. 67-67-103 (2)(a)	Co-Occurring (Substance Use Disorder + Mental Health)	Dually Diagnosed (Mental Health + Intellectual and Developmental Disorders and/or Autism Spectrum Disorders)	Mental Health + SUD +IDD/ASD
SFY 19-20	100%	3%	11%	None
SFY 20-21	100%	5%	14%	Less than 1%
SFY 21-22	100%	8%	15%	Less than 1%
SFY 22-23*	100%	10%	10%	Less than 1

*data to date (11.23.2022) and not final

Rising Census and Increased Costs



- Psychiatric Residential Treatment Facility (PRTF) - 90% cost increase from FY 2020-21 to FY 2022-23
- Residential Children Care Facilities (RCCF) and Qualified Residential Treatment Program (QRTP) - 35.6% cost increase in room and board from FY 2020-21 to FY 2022-23

Projections: Caseload and Expenditures

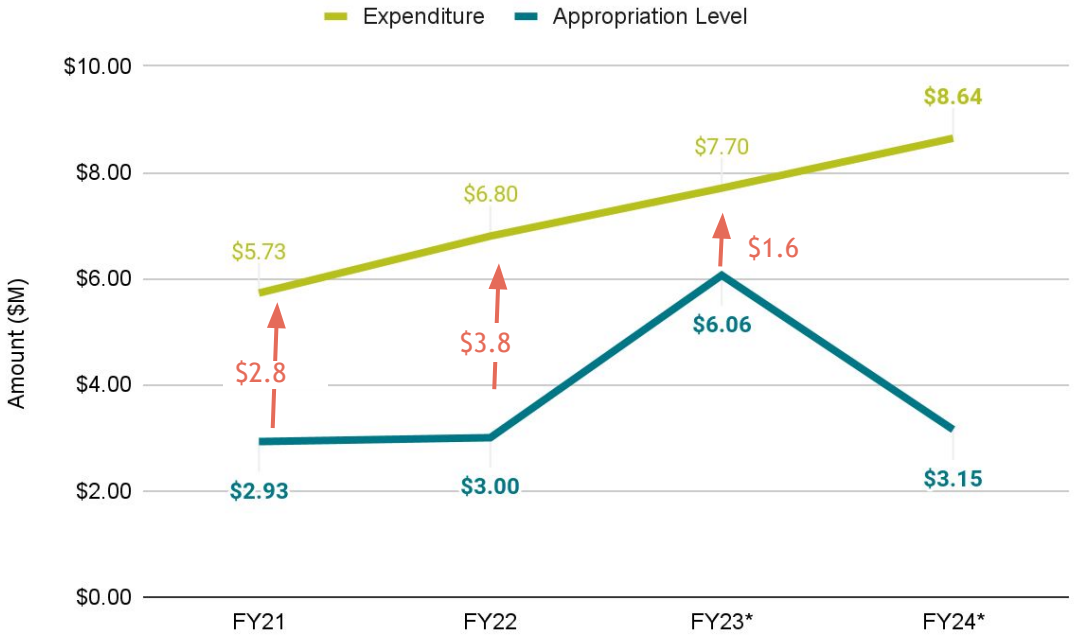
(Q5a, pg. 14)

	FY21	FY22	FY23*	FY24*
Youth Served	246	271	301	331
Expenditure	$5.73	$6.80	$7.70	$8.64

In FY23, CYMHTA has served 224 youth and paid $2.4m as of 10/31/2022

On average there have been 11 new admissions per month - the BHA projects 301 total youths served for FY23

Difference between interim supplemental and R-02 Decision Item (Q5a, pg. 14)



* *FY23 and FY24 are projections*

Over the last years, the gap in CYMHTA funding has been filled by discretionary stimulus dollars

A large reason for the additional amount in excess of the interim supplemental is the sunset of stimulus dollars

Waitlist Implications (Q5b, pg. 15)

With increased appropriations

- Based on the information currently available the increased appropriation would not result in a waitlist.

Without increased appropriations

- The BHA estimates 100 children/youth on a waitlist in FY24 without the additional funding.
- It should be noted, these youth would move into the FY2024-25 waitlist and the number would continue to accrue.
- The only way a child/youth would come off the waitlist would be if services were no longer needed or they became involved with child welfare/or some other system involvement that could fund treatment.

Drivers of Caseload Increase (Q5c, pg. 15)

Anecdotal information from the Administrative Services Organizations (ASOs) who administer CYMHTA:

- Exacerbated mental health symptoms due to the pandemic
- Reaction/response to isolation from peers and family
- Anxiety regarding getting sick and/or getting the COVID-19 vaccine
- Academic struggles
- Unhealthy trauma bond related to the pandemic (i.e. Parents who were going through divorce forced to live together and maintain a home, and sheltering with other family members who are not positive influences. As things return to “normal” there is difficulty in that adjustment)
- Exacerbated issues that existed before the pandemic, which quickly deteriorated when school went virtual

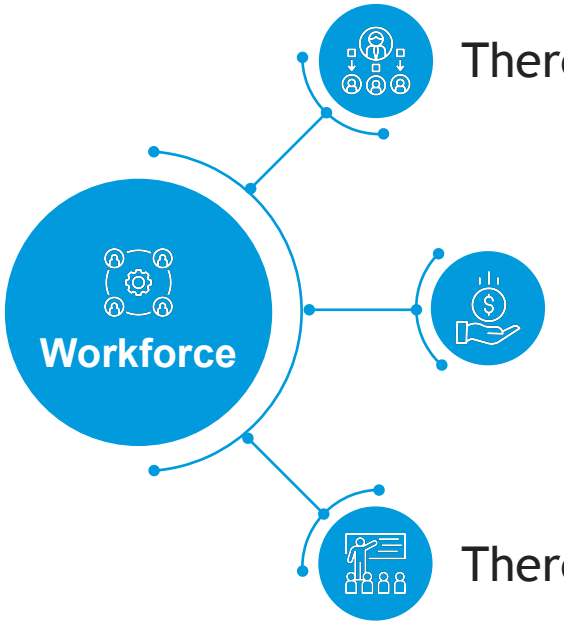
R-03: Behavioral Health Learning Management System

Request Overview

This request supports the ongoing maintenance and development of the behavioral health workforce Learning Management System (LMS).

01	FTE Request	FY 2023-24	0.9
		FY 2024-25 & out years	1.0
02	FTE General Fund Request	FY 2023-24	$111,986
		FY 2024-25 & out years	$114,117
03	Non-FTE General Fund Request	FY 2023-24	$641,400
		FY 2024-25 & out years	$641,400

What We Heard About Workforce



There are not enough providers.

There are not strong enough incentives for recruitment and retention.

There is not enough training, or regulation.

BHA Workforce Initiatives (Q6, pg. 16)

Priority One:
- Expand peer support workforce
- Pilot Behavioral Health Aide program (Alaska model)

Priority Two:
- Pre-licensure stipends/paid internships

Priority Three:
- Career pipeline development grants

Priority Four:
- Behavioral health apprenticeship

Priority Five:
- Learning management system (LMS)

Priority Six:
- Retention grants for BH employers

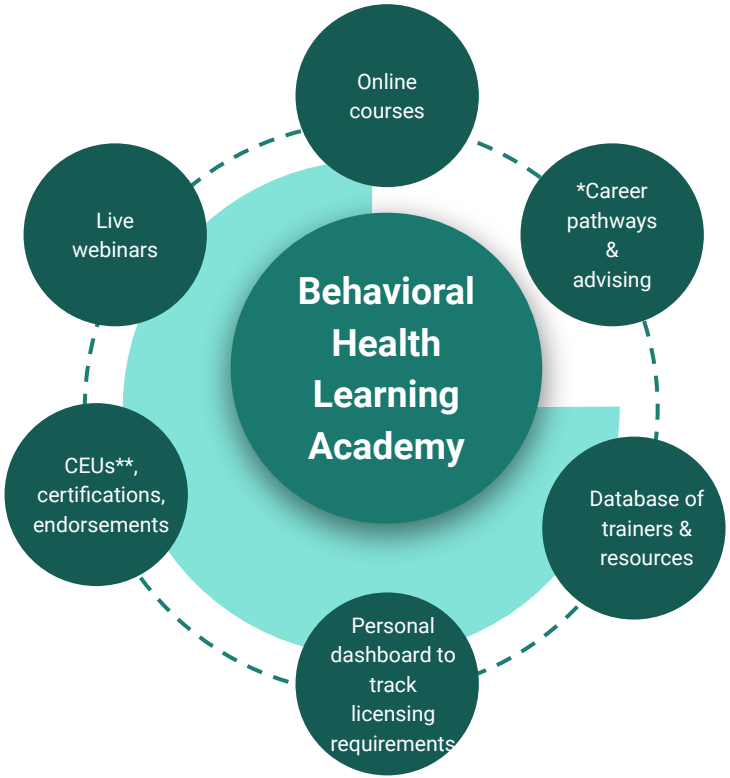
Priority Seven:
- Innovative retention strategies

Priority Eight:
- Community engagement and outreach
- Target populations, career pathways, and high-need job families

Priority Nine:
- Workforce development research
- Data analysis & policy development

Workforce Next Steps (Q6, pg. 16)

- Strategic plan presented to legislature - September 1, 2022
- Implementation begins - September 1, 2022
- Grant processes open - by December 31, 2022
- First report due to Legislature - January 2023



Behavioral Health Learning Academy

A comprehensive, “one-stop shop” for behavioral health training in the state of Colorado

** collaboration with CDLE, CWDC, CDHE, CCCS*
*** CEU= Continuing Education Credits*

LMS Impact

The LMS has the potential to serve **over 700,000** users consisting of Behavioral Health providers, Healthcare providers, First Responders/Co-Responders, and will be open to the general public as well

- Meets legislative mandate to provide accessible training throughout the state, including areas where face-to-face training is not available.
- Addresses workforce shortages by preparing individuals to fill a variety of behavioral health roles through free training linked into clearly-defined career pathways.
- Creates system efficiency through providing aligned training for behavioral health providers, law enforcement, and first responders, per statute.
- Increases access to behavioral health services through enhancing cultural competency and preparing providers to work with diverse populations.

LMS Sustainability After Launch

- A full-time learning manager to coordinate & oversee live events, data tracking, interagency collaboration, and contracts
- Ongoing licensing fees and system maintenance
- Periodic course review and updates
- Continued development of additional topics (1-2 each year)

R-05: Behavioral Health Administration Technical Adjustments

Request Overview

This request provides JBC awareness for budget implications of BHA's FY24 legislative proposal

01	FTE Request	FY 2023-24	0.0
		FY 2024-25 & out years	0.0
02	FTE General Fund Request	FY 2023-24	$0
		FY 2024-25 & out years	$0
02	Non-FTE General Fund Request	FY 2023-24	$0
		FY 2024-25 & out years	$0

BHA Implementation Update Bill Overview
(Q7, pg. 17)

Alignment:

- Competency restoration is DHS not BHA
- Care navigation Program included in Care Coordination Infrastructure
- Gifts, grants, and donations
- Representation on boards and commissions

Person-Centered Services and Accountability:

- Service coordination not more restrictive than HIPAA
- Clarify data authority
- Language access services in safety-net
- 988 Crisis Hotline Enterprise continuous appropriation

Why are we not asking JBC to sponsor? (Q7, pg. 17)

- JBC call to action is awareness
- Because of the comprehensive nature, there are elements inside the JBC scope and also elements that are more policy-related
- Balancing policy impacts with budget implications through a single piece of legislation

Closing Comments

To drive reform,
we believe in the power of
co-creation.

Generational Impact

We exist to ensure everyone has equitable opportunities to achieve mental wellness, so we hold ourselves accountable for creating meaningful outcomes across the state – for you, for your loved ones, and for generations to come.

Thank You

bha.colorado.gov
@BHAConnect

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Behavioral Health
Administration