



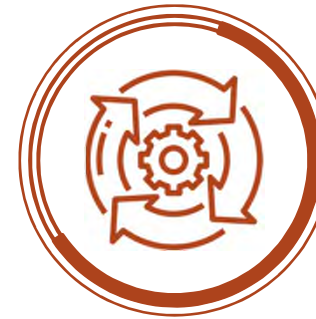
The Vision of the Behavioral Health Task Force



Comprehensive



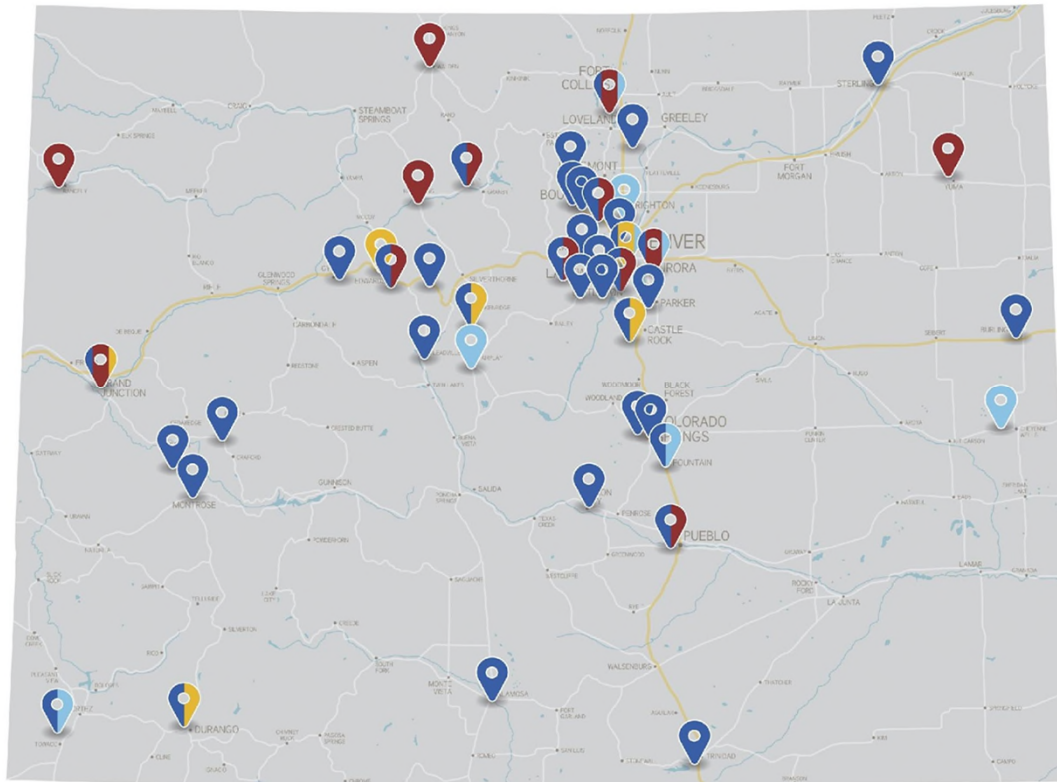
Equitable







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 well-being.

We worked with and heard from our partners across the State.

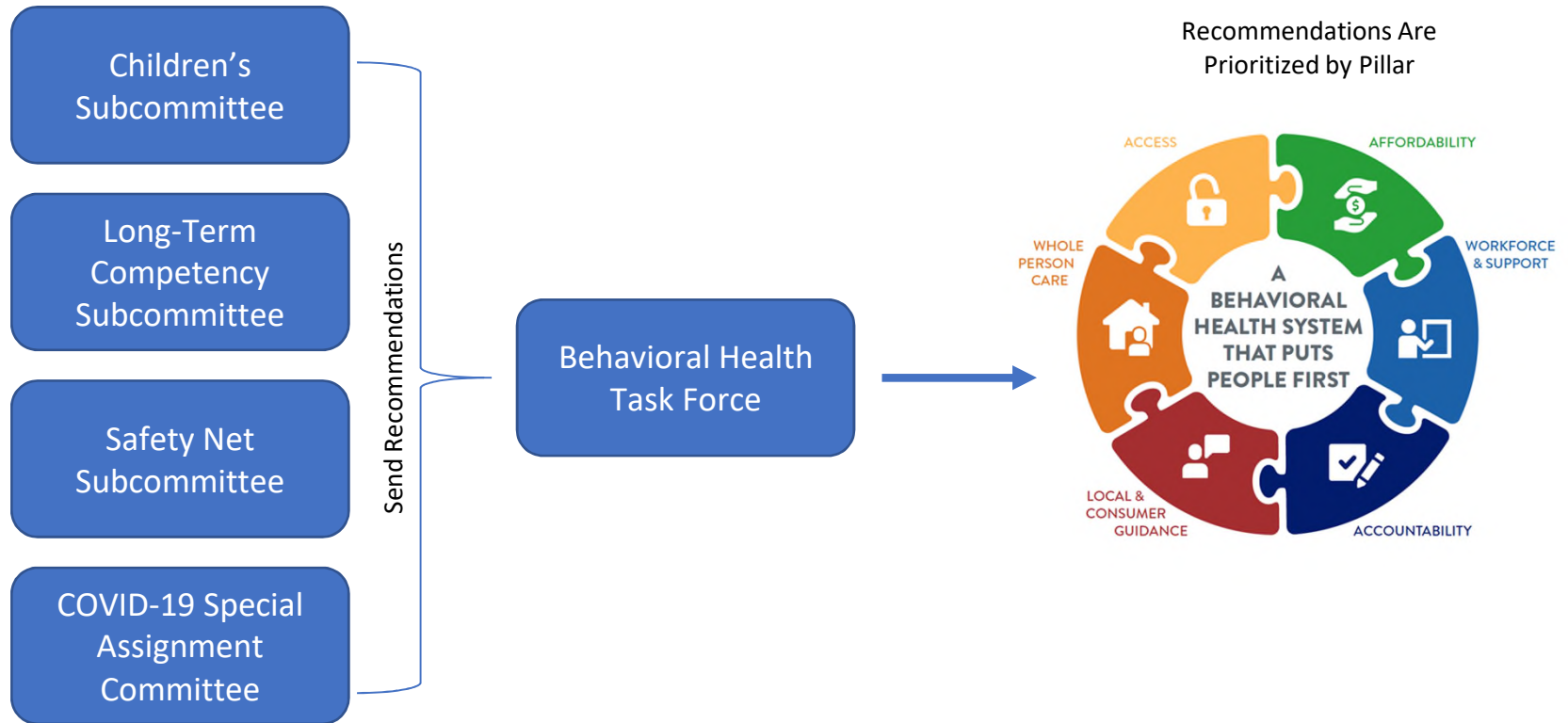


-  **Task Force & Subcommittee Members**
-  **Community Conversations**
-  **Listening Sessions**
-  **COVID-19 Special Assignment Committee Members**

We heard from hundreds of People with Lived Experience and their Loved Ones.



There was a process to prioritize 148 recommendations.



The Prioritized 19 Recommendations

Access

1. Develop a single point of entry that has “no wrong door” to help individuals navigate the full continuum of services. (Care Coordination Model)
2. Expand and enhance the crisis services system, including co-responder.
3. Address the bifurcation between mental health and substance use disorder.
4. Have an adequate, equitable and complete continuum of behavioral health services, and address current disparities.

Affordability

5. Have adequate rates of payments and reimbursement by all payers.
6. Streamline and consolidate funding streams.
7. Prioritize the not-for-profit hospitals’ community investment funding to support implementation of the BHTF recommendations.



The Prioritized 19 Recommendations

Workforce & Support

8. Expand the capacity for a culturally competent licensed and non-licensed workforce.
9. Support and fund the use of non-traditional workforce, especially peers.
10. Reduce the administrative burden for providers.

Accountability

11. Research, develop, and publish population-specific standards of care and reasonable outcomes to measure quality.
12. Address high suicide incidences and disparities in care access, delivery, and outcomes for vulnerable populations.
13. Designate a single fiscal management system to be used to account for all publicly funded services to improve allocations.



The Prioritized 19 Recommendations

Consumer & Local Guidance

14. Collaboratively identify local, regional and systemic service gaps and solutions.
15. Advisory groups to continuously provide input and guidance on system improvements.
16. Identify and provide sustainable, flexible funding streams for local communities to prioritize primary prevention and invest in solutions to mental wellness disparities.

Whole Person Care

17. Offer/expand care coordination with services to address social determinants of health.
18. Expand high-intensity case management with treatment for individuals being discharged from a psychiatric hospital.
19. Create planned and facilitated educational opportunities on behavioral health and cognitive disabilities for law enforcement, first responders, judges and court officials and other partners.



Creating a Behavioral Health Administration



The Vision for the Behavioral Health Administration

- The Behavioral Health Administration (BHA) will **lead the coordination of behavioral health efforts** across agencies, creating shared goals, improving collaboration, driving accountability and transparency.
- In so doing, the BHA will ensure that there is a **transparent and accountable system** in place that results in better outcomes for ALL Coloradans.
- The BHA will provide an opportunity to **streamline our overall system** so that we are smarter about investing our dollars and more responsive to the needs of Coloradans.

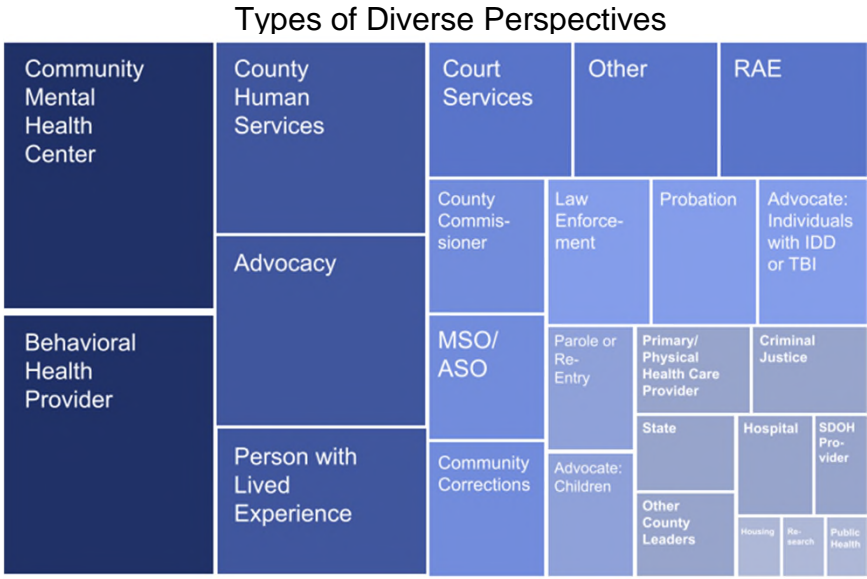
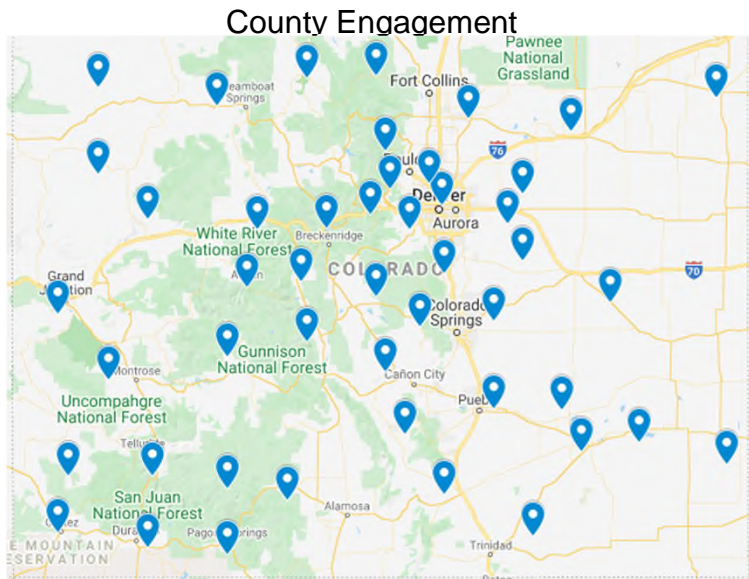


This is not final

The information we are sharing today is based on a concept of the Behavioral Health Administration (BHA) as of September 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 through future legislation. Any resource implications will be considered as part of the annual budget process.



We have Continued Statewide Engagement



Visit the BHA webpage and click through to the [dashboard](#) to learn more about this work.

BHA Governance Overview

The recommended governance model of the BHA based on statewide research and engagement:



**Behavioral Health
Commissioner**

**Staffed Core
Functions**



Cabinet Members



**Advisory Council &
Workgroups**



The BHA Will Be Initially Housed in CDHS



On or before November 1st, 2021:

CDHS shall develop a plan for the creation of the Behavioral Health Administration, including the integration or alignment of HCPF and DOI



On or before July 1st, 2022:

The BHA is established in CDHS



On or before November 1st, 2024:

CDHS shall provide a report concerning recommendations on whether the BHA should remain in CDHS or be transferred to a different state department.

Collaboration is Key

Across All Payers, State Departments & Sectors

- The BHA will partner with all Colorado state departments to ensure there is a collaborative and networked approach along the behavioral health continuum from **prevention to treatment and recovery**.
- The BHA will also work with **local governments, intermediaries, providers, and other key partners** to generate solutions and build shared accountability for outcomes for Coloradans.



We envision the BHA as a significant shift in the overall system

Offer strategic resources to directly support Coloradans in need

- Navigation support (no wrong door philosophy)
- Grievance Solutions
- Improved access and quality through more strategic programming

Offer unprecedented transparency & public accountability

- Advisory Council
- Legislative reporting and engagement
- Public facing analytics
- SMART Act hearing
- Data integration

Offer a unified, cross-sector approach

- Dedicated resources for cross agency collaboration
- Data integration and shared analytics
- BHA, HCPF, DOI collaboration on policy and strategy
- Streamlined operations

Offer programming realigned with agency expertise

- BH programs moved to the agencies with the greatest expertise to execute them successfully
- Data driven programming

Governance structures & authority could reinforce collaboration & accountability

- Advisory Council
- Shared contracting standards and IA/MOU
- Oversee BH provider standards

A renewed focus on consumers

- Consumer driven priorities and solutioning
- Resources focused on health equity for populations with unique BH needs



Example: Support for a Colorado County

Challenge:

Youth suicides in a small Colorado county have rocked the community during the COVID pandemic.



Increase in individuals dying by or attempting suicide

Solution:

The County's Human Services Director & school officials reach out to the BHA to seek technical assistance.



System needs are identified and addressed

Impact:

Within the county, lives of youth are saved.



Decrease in individuals dying by or attempting suicide



Recommended Functions of the BHA*

Consumer Facing & System Functions

- Navigation
- Grievances
- Meaningful consumer design of system

Capacity and Policy Development

- Payment models for whole person care
- Connection to SDOH
- Equity framework
- Complex care problem solving
- Technical assistance
- Data interoperability

Intergovernmental support and problem solving and consumer engagement in system design

- Stakeholder engagement
- Convene and problem solve



Payment Policy

- Resource allocation-Braiding funds, gap filling
- Advocacy and BH public benefit
- Alternative funding opportunities for state
- Legislative “think tank”

Statewide Workforce Strategy

- Funding
- Technical assistance
- Provider diversity and cultural competence

BH system strategy, oversight and standard setting

- Data interoperability and data analysis
- Public facing dashboard
- Master contract for providers
- General Assembly report
- Identify gaps in care and fill holes



*None of this is final.

Thank you!

Next Steps for the BHA:

- There will be stakeholder meetings in late September and early October to solicit your input
- The plan due on November 1st, 2021 will include even more details
- The BHA will be functional July 1, 2022

bit.ly/BHA-Colorado

The screenshot shows the Colorado Department of Human Services website. The main heading is "Change Management Plan for Defining the Behavioral Health Administration (BHA) January - Summer 2021". Below this, there is a section for "Health Management Associates (HMA)" and a "Change Management" section. A "Project Timeline" section shows a horizontal timeline from January to Summer 2021, with key milestones: "HMA PROJECT LAUNCH" in January, "STATE DEPARTMENT ENGAGEMENT" in February, "TECHNICAL RESEARCH" in March, "SOLUTION DEVELOPMENT" in April, and "IMPLEMENTATION" in Summer 2021. A "More Information" section at the bottom lists several links: "What is the BHA?", "Why is HMA doing this work?", "How is HMA doing this work?", "Change management project dashboard", and "Who has HMA engaged in this work?".

