



COLORADO

Governor Jared Polis

Big Boulder Investment Categories One-time: \$450M On-going: \$46M

- **Behavioral Health Workforce Investments** One-time: \$87.7M, On-going: \$2M
- **Building Behavioral Health Capacity** One-time: \$100.8M On-going: \$22.5M
 - a. **Community Safety Net**
 - b. **Addressing Bed Capacity**
- **Psychiatric Services for Youth with Complex Needs** One-time: \$66.5M On-going: \$34.5M
- **Investments in Communities via Local Grants** One-time: \$125.8M On-going: \$0M
- **Integrated Behavioral Health** One-time: \$37.6M On-going: \$0M
- **Immediate Life Saving Services for Addiction** One-time: \$26M On-going: \$0M

Behavioral Health Workforce Investments One-time: \$87.7M On-going: \$2.0M

- **Summary:** Significant investments should be made in addressing workforce shortages for behavioral health in Colorado. Investments should include increasing workforce competency to serve various populations; entice more people to go into the behavioral health field; create more flexibility in who can provide services; expand workforce extender capacity; and invest in the necessary training infrastructure. The workforce funding will cover, and longer term strategies to increase the total number of practicing providers through and other workforce strategies. This should include:
 - Short term emergency relief opportunities for providers for strategies for recruitment and retention such as housing or childcare funds
 - Longer term plans for education through loans and scholarships
 - Trainings to improve competencies and promote a pipeline. Such as on the job training and recruitment programs through apprenticeships and pipeline programs that focus on recruiting a diverse workforce in early careers. In addition trainings to improve the competency of the existing workforce to work with different populations.
 - Increasing entry level opportunities for clinical providers by expanding community colleges and universities to develop curriculum and a path towards a new clinical workforce such as the Behavioral Health Aide Program, peers, or Community Health Workers.
- Associated request of subpanels:
 - Behavioral health safety net workforce
 - Expand recruitment methods
 - Increase the opportunities to enter the behavioral health field
 - Expanding peer support specialists
 - Workforce Training and Competencies
 - Colorado Health Services Core (CHSC) for undergraduates
 - Community College IT infrastructure
 - Behavioral Health Educational and Academic Hubs
 - Reciprocity to expand the workforce
 - CBHC, CMHC only workforce support

Behavioral Health Safety Net Capacity Building One-time: \$77.0M On-going: \$1.5M

- **Summary:** Senate Bill 19-222 requires the state to have a complete and comprehensive behavioral health safety net by January 2024. This will require a significant investment in capacity building to accompany the policies being developed by CDHS and HCPF. Colorado is in the process of developing its own safety model that includes a funding mechanism to sustain the system; standards that should be established; and monitoring performance. Since there needs to be more analysis on the CCBHC model, investments should be applied more broadly to Colorado's specific model being created for SB19-222. This request should include:
 - Promote treatment on demand, increasing hospital capacity to refer individuals in ER/inpatient service to care following discharge
 - Holding providers accountable for serving those with the highest needs
 - Promote access to quality behavioral health in the criminal justice population
 - Maintenance of stabilization post-hospitalization or post-crisis
 - Extending I-Matter (youth telehealth services) and extending the number of sessions to be covered if not covered by a payor.
 - Strengthening school-based behavioral health access. School-based services receive close to 100% match through medicaid special financing; this line item could be significantly increased
- Associated request of subpanels:
 - Post Hospital Discharge Pilots
 - Health Information Exchange Capacity Expansion: Provider technology investments for Resource Navigation Hub success
 - Intensive Community-Based Services for justice involved pilot
 - (CCBHC) Model startup in Colorado
 - Strengthening the Safety Net, meeting SB 19-222
 - MAT in Jails, Comm Corr, DOC
 - School health professionals grant program
 - School Based Health Centers

Addressing Bed Capacity, including Competency One-time: \$30.8M On-going: \$21.0M

- **Summary:** The demand for competency has risen during the pandemic and the access to beds has decreased. There should be several investments into bringing the state into compliance with the current consent decree. Prior to the pandemic, the state was close to coming into compliance with the consent decree, but has since seen its largest number of individuals waiting for an inpatient bed. There are two main ways to become compliant: increase capacity of beds and to provide alternate treatment options instead of inpatient care. This request should include:
 - Group home beds (98 beds but scalable)- this will free up inpatient beds in the state hospitals by moving patients who are ready to go into lower levels of care and allow the state to use those freed beds for competency clients.
 - One-time: \$22.2M

- On-going: \$13M of which \$7.8M is new GF
 - Renovate existing unused 16 bed unit at Ft. Logan
 - One-time: \$8.6M
 - On-going: \$8.0M of which \$6.8M is new GF
- Associated request of subpanels:
 - 98 adult MH residential beds
 - Contract for existing inpatient beds and housing subsidies
 - 16 Inpatient Bed Ft Logan

Investment in Communities via Local Grants One-time: \$125.8 On-going: \$0M

- **Summary:** There should be significant investment in local communities to address gaps in the behavioral health system across the care continuum. Specifically there should be investments in evidence based programs that save money, reduce recidivism, and improve people’s lives by diverting people away from the criminal justice system and into the appropriate type of care and ensuring people have access to treatment and services in their communities. To effectively implement these investments without further bifurcating the system, there should first be a county-level assessment that identifies gaps in the service continuum for that community and areas that need investment and bolstered by local matching funds where appropriate. The grants can require county, organizations and judicial leadership to collaborate on their efforts. To monitor public health improvement, there should be investments for CDPHE for data collection, program support, community outreach and engagement, and technical assistance. Some communities may need assistance in writing grants, therefore a small amount of funding should be dedicated to this. This request should include:
 - Local investment grants of evidence-based programs for counties/municipalities, community-based organizations, and judicial justice districts.
 - CDPHE data collection, program support, community outreach and engagement, and technical assistance
 - Public Safety Package components
 - Early Intervention (\$17.4M)
 - Behavioral Health Interoperability (\$3.5M)
 - Domestic Violence Support (\$6M)
 - School Safety Mental Health Resources (\$2M)
- Associated request of subpanels:
 - County Behavioral Health Grant Program
 - Community Based Organization Grants
 - Divert people with MI/SUD away from the criminal justice system
 - Build capacity for community based organizations
 - Grant Writing Assistance Program

Psychiatric Services for Youth with Complex Needs One-time: \$66.5M On-going: \$34.5M

- **Summary:** We do not have adequate capacity to serve children and youth with complex needs, particularly those with co-occurring conditions for example intellectual and developmental disabilities (IDD) and Autism Spectrum Disorder (ASD). As a result,

children and youth are sent out-of-state for treatment, far away from their families and support network. This request is to invest in the highest level of clinical care in a residential setting for post-hospital stay or to prevent a hospital stay. A neuropsychiatric facility will be a true safety net facility in order to prevent children being sent out of state. In addition, the continuation of the 30 psychiatric residential treatment facility beds funded with emergency funds and managed by the Office of Children, Youth and Families will meet the needs of children with complex needs after short term crisis stays. This request should include:

- Neuropsychiatric facility
- Psychiatric Residential Treatment Facility beds (30 beds)
- Youth Crisis Stabilization Unit
- In-home crisis respite
- High fidelity wraparound/case management teams
- Associated requests of subpanel:
 - 14 Youth Neuropsych Beds
 - 30 Youth Residential Beds Capacity
 - High Fidelity Wraparound
 - Includes a portion of '40 crisis beds'

State Innovation Model, Integrated Behavioral Health: One-time: \$47.6M On-going: \$2.5M

- **Summary:** Investments should be made to further integrate physical and behavioral health care. Further investing in integrated care will support providers to transition to a system where integrated care is widely available and supported through payment models that better serve all patients, including children and youth, with less complex outpatient behavioral health needs. This investment increases access to screening, SUD and MH treatment, and referral services, especially in smaller communities. Investments should include:
 - Primary Care/Behavioral Health Integration Practice Integration Grant for SIM 2.0 with Health IT and Payer Grants removed
 - State innovation policy for Universal Contracting and centralized provider credentialing
 - Psychiatric consultation model
- Associated request of subpanels/task force:
 - Primary Care/Behavioral Health Integration Practice Integration Grant (SIM 2.0).
 - Psychiatry Consultation and Access Program

Immediate Life Saving Activities for Substance Use One-time: \$26.0M On-going: \$0.0M

- **Summary:** The pandemic has resulted in an increase in overdoses and related deaths. There should be an investment in immediate life saving activities that address harm created by substance use. Naloxone is a life saving medication that is resulting in fewer deaths as the potency of opioids has gotten deadlier. In addition, there should be an investment in harm reduction, such as disease prevention services through clean syringe access and provide startup costs for one-time funding of enhanced drug checking technology. This request should include:

- Multiple year investments of naloxone bulk purchases.
- Harm Reduction Efforts: clean syringe access and enhanced drug checking technology
- Associated requests of subpanels:
 - Naloxone Bulk Purchase
 - Harm Reduction

Overview of all beds included across all buckets:

Description	# of Beds	Population Served	One-time Cost	Ongoing	Ongoing Funding Source
Adult MH Residential Beds (step down)	98	NGRI, Civil	\$22M	\$13M	Medicaid reimbursable
Inpatient Beds Ft.Logan	16	Competency	\$8.6M	\$8.0	Not Medicaid reimbursable
Youth Neuropsych Beds	14	Children	\$35M	\$10M	Medicaid reimbursable
Youth Residential Beds Capacity	30	Children	\$9M	\$9M	Medicaid reimbursable
Children's Crisis Beds	24	Children	\$7.5M	\$6.5M	Medicaid reimbursable
TOTAL	182		\$82.1M	\$46.5M	

Public Safety Behavioral Health Investments

Item	Description
Criminal Justice Early Intervention Program (\$17.4M)	The proposed grant program will allow for communities to develop criminal justice redirection infrastructure to prevent at-risk individuals from becoming involved in the criminal justice system or penetrating further into the system. Communities who apply for the grant program will establish a dedicated one-stop-shop resource center to serve eligible clients. The Administration is also supportive of court-ordered diversion efforts at the Judicial Department and supports adequate resources for those efforts.
Behavioral Health Information Sharing in CJ System (\$3.5M)	This project will allow the Division of Criminal Justice (DCJ) within DPS to enable Colorado jails interoperability with Colorado Integrated Criminal Justice Information System (CICJIS). This will facilitate information exchange and continuity of care as jail detainees transfer between criminal justice agencies and the community. Among the many benefits of this project, it is expected to reduce recidivism by facilitating continuity of care and eliminating gaps in prescribed medication and services that assist individuals with behavioral health disorders to complete supervision

	requirements and achieve successful community reintegration. In addition, it will increase safety in jail by sharing critical risk factors.
School Mental Health Resources (\$2M)	Allowable uses would include an expansion of mental health resources, training for mental health professionals.
Domestic Violence Support Program (\$6M)	DHS will receive \$6M for gender-based violence services, including anti-domestic violence and anti-sexual assault services) to mitigate the compounded safety concerns faced by interpersonal violence survivors during the COVID-19 pandemic. The funds will be split to support anti-domestic violence organizations, anti-sexual assault organizations, enhance pet safety in domestic violence shelters, directly support survivors of interpersonal violence, develop public awareness, expand the "Caring Dads" pilot program, and support broad domestic violence prevention work at the Department.