COLORADO
Behavioral Health Administration

BHA/DHS ARPA Roll Forward Request
Comeback Questions

22-177 – Delayed action

Does the BHA need the entire $12.2 million requested to be rolled forward to complete the cloud based care coordination project?

Yes. BHA needs the entire $12.2 million requested to be rolled forward in order to complete the cloud based care coordination and other requirements that are tasked to BHA in SB22-177.

SB 22-177 added the following requirements to the state's behavioral health care coordination infrastructure beyond what was originally required via SB 21-137:

- A platform to support behavioral health providers who do not have Electronic Health Records in engaging in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform.
- Technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance
- Technology capabilities so that people and providers could engage directly with BHA navigators to find behavioral health services and BHA's Behavioral Health Administrative Services Organizations
- Collection and reporting of outcomes of individuals who were assisted via care coordination infrastructure

The additions above recognize that effective care coordination infrastructure is responsive to the complex and substantive work of providers and navigators in Colorado when guiding and monitoring individuals through the process of care. It requires both a robust set of technology tools to ensure data from one care event can be effectively tied to another care event in a person's current episode of care. It also requires that the appropriate individuals and entities charged with guiding and tracking care have access to the tools and their workflow needs are supported effectively. These tools avoid inefficient faxing workflows, hours on calls trying to find available resources and manual spreadsheets to manage and track client care events.

BHA has a strong plan for executing on care coordination infrastructure requirements added to legislation via SB 22-177, and it is imperative that the full $12.2 million initially allocated be extended through the end of 2026 to execute on this plan. BHA has and plans to continue following modern software delivery best practices with direct support and guidance from OIT's Colorado Digital Services team when delivering care coordination infrastructure additions included in SB 22-177.

There has been a substantial and time-intensive up-front investment in both the engagement of people and providers and underlying data-sharing infrastructure. This also means BHA intentionally focused on developing capabilities from SB 21-137 before layering on capabilities reflected in SB 22-177; BHA is being a thoughtful steward of funds awarded to care coordination infrastructure to build it right, even if it has taken more time than the legislature initially anticipated. Just as we are on track to fully spend down and deliver on care coordination capabilities that have benefited hundreds of thousands of people seeking care in Colorado from SB 21-137 by June 30, 2024, so too is BHA poised to deliver improved referral capabilities between behavioral health providers and navigators by December 31, 2026 via SB 22-177.

Below is a summary, grouped by major requirement added from SB 22-177 on BHA's execution and spend plan:

Major requirement	**BHA's Plan**
A platform to support behavioral health providers who do not have Electronic Health Records in engaging in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform.	This work will be completed in three phases: Phase 1 (FY24 Q4 - April to June 2024): Develop and launch platform where hospital and in-patient behavioral health providers can find an available provider and complete a referral for transition to in-patient care. This will cost approximately $2.5M, including vendors supplying platform/software licensing and augmented engineering for platform configuration and custom build support. Phase 2 (FY25 Q2 October to December 2024): Outreach to and train select providers based on Phase 1 use case. Goal to have 75% saturation in in-patient providers participating in behavioral health safety net, mandated to use the tool and 30% saturation in emergency rooms. Make functionality adjustments based on provider feedback. Expand functionality to support referrals for stepping down from in-patient to select outpatient behavioral health services. This will cost approximately $2.5M, including vendors supplying application workflow development, project management, and program coordination support and training. Phase 3 (FY26 Q4 April to June 2026): Broad outreach and training to behavioral health providers. Goal to have 60% saturation in all behavioral health providers and 85% saturation in providers participating in behavioral health safety net. Fully incorporate referrals to social determinants of health supports leveraging the Office of eHealth Innovation's Social-Health Information Exchange Infrastructure. This will cost approximately $3.5M, including vendors supplying data integration, application workflow development, project management, and program coordination support.

	For a breakdown of the specific deliverables underpinning these phases, please refer to the Delivery Roadmap, provided within the last prompt related to SB 22-177 regarding project status.
Technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance	FY25 Q2 - October to December 2024: Intentional outreach to approved safety net providers (most, if not all, of which will be Medicaid providers) to onboard to the provider platform. This will cost approximately $1M, including vendors supplying application development, marketing and communication services, project management, and program coordination support and training. FY26 Q3 - January to March 2026: Develop integrations for HCPF to check for prior authorization for services as part of e-referrals. This streamlines and incentivizes use by Medicaid providers. This will cost approximately $400K, including vendors supplying data integration, application workflow development, project management and program coordination.. These planned deliverables are visualized on the Delivery Roadmap provided below in their associate FY and quarters.
Technology capabilities so that people and providers could engage directly with BHA navigators to find behavioral health services and BHA's Behavioral Health Administrative Services Organizations	FY26 Q2 - October to December 2025: Incorporate of workflows that support people engaging with BHA's navigators and state-managed service providers via OwnPath and the provider platform. Goal to have all BHA's Behavioral Health Administrative Services Organizations incorporated to all care coordination use cases in the provider platform. Make functionality adjustments based on provider and user feedback. This will cost approximately $1.2M, including vendors supplying data integration, application workflow development, project management, and program coordination support and training. This planned deliverable is visualized on the Delivery Roadmap provided below under FY26 Q2.
Collection and reporting of outcomes of individuals who were assisted via	FY26 Q2 - October to December 2025: Incorporation and integration of all data from provider platform efforts to the BHA Data Lakehouse and updated within master data management practices; analytics and data science engineering development to iteratively provide reporting on each specific type of care supported by the care coordination efforts and outcomes

care coordination infrastructure	detailed above (hospital/in-patient; safety-net; social determinants of health; medicaid; private insurance; BHASO). This will cost approximately $1.1M, including vendors supplying data integration, application workflow development, project management, data analysis and program coordination support and training. This planned deliverable is visualized on the Delivery Roadmap provided below under FY26 Q2.

What amount of the funds expended from SB 21-137 supported the development of a cloud based care coordination system?

$26 million dollars was allocated to BHA in SB 21-137 to develop the care coordination infrastructure.

Summary:

SB 21-137 appropriated $84.7M to BHA across 16 different projects. Only one SB21-137 project is related to investment in the care coordination infrastructure, and that project provided BHA with $26M. As of the most recent CO Forward data from Dec 30, the BHA has expended $14.48M, has encumbered $6.16M in contracts, and has budgeted $5.4M for planned use by OIT for IT professional services.

The impact of BHA's care coordination infrastructure investments to date has been significant. BHA has a robust and detailed plan for fully realizing the Colorado legislature's vision for all Coloradans having access to a high-quality behavioral health care system that includes a full continuum of behavioral health treatment services. The legislature's goal of ensuring individuals can get the care they need when they need it relies on improvements in care coordination to better support access to behavioral health services. That work is precisely what the BHA is in the process of delivering. In Appendix 1, we explain how we will spend down the remainder of SB 21-137 and how we use SB 22-177 to expand use of this technology to a broad array of behavioral health providers to support people across the state in need of behavioral health support.

Has the project been reviewed by the Joint Technology Committee?

No, BHA does not believe SB-22-177 was reviewed by the Joint Technology Committee.

Related projects have been reviewed. This funding (SB-22-177) along with SB 21-137, HB 22-1278, and Capital Construction IT Funding Extension contain funding for a cohesive set of interconnected technology initiatives, which together have the goal of establishing a systems-wide model for organizing and implementing care coordination and behavioral health data infrastructure. On January 11, 2024, BHA presented the Capital Construction IT Funding Extension tranche of work at the Joint Technology Committee. BHA's work was noted by some legislators as embodying

agile, human-centered, and iterative operational approaches, and potentially an example of best practices applied in government technology deployment.

Was the incorporation of BHASOs part of the original design of the project? If not, when did it become clear that BHASOs needed to be included and their inclusion was in conflict with existing spending authority deadlines?

Yes, Senate Bill 22-177 specifically refers to BHASOs and the design of this project has always included integration with BHASOs.

Background: The care coordination infrastructure was originally designed and continues to be focused on identifying and getting individuals the right care at the right time. In order to ensure that the solutions BHA invests in reflect the articulated needs of providers, a group of 472 providers across Colorado were engaged in setting the vision and direction for proposed care coordination technology investments, in this instance, bed tracking and referrals for inpatient care. This work provides an initial foundation for supporting referrals between different care settings, different levels of care, and transition into inpatient/residential /or step down or step out to out-patient services, and related social determinants of health related supports.

As described in SB22-177, though the BHASOs will not be the only users of this technology, the BHASOs have always been intended as one of the end-users for this technology. BHASOs will have an important role in helping coordinate care for individuals and families who interact with certain safety net services. As such, our request better aligns spending authority with the ability to implement new changes alongside the implementation of the BHASOs and learn from their experience as an end-user of this technology. It was always clear that the BHASOs needed to be included from their initial conceptualization, as the fundamental objective of this work is to reduce fragmentation. As the BHA engaged further with the care coordination work through FY24, the BHA recognized a need to re-align to the new BHASO timelines.

It is important to note that the changing BHASO timelines is not the only or predominant reason for the request for an extension. As described in response to an earlier question regarding SB 22-177 spend down plan, in order to successfully implement large scale changes in care coordination infrastructure, BHA prioritized foundational functionality from SB 21-137 that are primarily for use by people in Colorado prior to layering on additional functionality required by SB22-177 that is more oriented towards providers and navigators.

Please provide any additional information about the current status of the project and expenditures, including the timelines for any existing contracts and project completion.

With regard to current status and expenditures, this has been described in narrative format within BHA's responses to the questions above.

With regard to timelines for existing contracts: we have vetted timelines to ensure work can be completed if granted an extension. BHA developed the product roadmap and plans, and we selected vendors who can deliver on the timelines outlined below. We are confident that the contracting approach and project plans are in a place to deliver on the goals and delivery timelines outlined in the delivery roadmap below.

The table on the next page lists the functionality delivered or to-be-delivered per quarter (2024-2026); this includes items presented in the chart above outlining Major Requirements, and the BHA's plan to meet those requirements.

Delivery roadmap (2024, 2025, 2026)

Q1 FY24
JUL - SEP

Provider Services Portal
- Referrals Discovery *[DONE]*

Adjacent / Dependency Efforts
- Creation of a data lakehouse *[DONE]*
- Ingestion of client & provider data to support referrals system *[DONE]*
- Establish MDM architecture in BHA data lakehouse *[DONE]*
- Define Service Delivery Model for New Data Source Intake Requests *[DONE]*

Q2 FY24
OCT - DEC

Provider Services Portal
- Referrals Build Phase I *[DONE]*
- Broader Referrals Platform Phase I Launch Prep *[DONE]*
- Referrals Platform Usability Testing *[DONE]*

Adjacent / Dependency Efforts
- License types (Safety Net, BHE, 27-65) *[DONE]*

Q3 FY24
JAN - MAR

Provider Services Portal
- Complete Referrals Platform Build Lookup / Bed Capacity Updates Phase 1 *[IN-PROGRESS]*

Provider Update Portal
- Complete Provider Update Portal (PUP) MVP *[IN-PROGRESS]*

Public Tooling
- Complete referrals/care coordination Discovery Research *[IN-PROGRESS]*

OwnPath
- Improve wayfinding for Health First Colorado *[DONE]*

Q4 FY24
APR - JUN

Provider Services Portal
- Complete Referrals Platform Build Phase 2 (Additional functionality)

Data Collection
- Performance Management MVP Data Structure
- Performance Management Public Dashboard

Data Infrastructure
- Complete Identity Resolution Next Phase Implementation
- Complete Identity Resolution MVP

Interoperability
- Complete EHR / EMR Discovery
- Single Sign On Research
- Data Exchange Strategy Research

Provider Update Portal
- Release PUP V2
- Complete PUP Framework Share with OeHi

OwnPath
- Iterative improvements to the Telehealth representation on OwnPath
- Consume Data Directories from RAEs

Q1 FY25
JUL - SEP

Data Collection
- Performance Management Scale Out

Interoperability
- EHR Integration Strategy

OwnPath
- Launch updated/improved data, including new provider types and BHASOs

Provider Update Portal
- Iterations on PUP V2

Q2 FY25
OCT - DEC

Provider Services Portal
- Complete Referral Packet / Consent Functionality
- Phase II wave of providers onboarded
- Outreach to approved safety net providers

Interoperability
- Complete EHR / EMR Integration [Proof of Concept]

OwnPath
- Implement new wayfinding support for high-priority tasks
- Engagement with BHASOs

Provider Update Portal
- Develop scope for PUP V3

Q3 FY25
JAN - MAR

Provider Services Portal
- BHASOs on Referral Platform

Data Collection
- BHASOs on Perf Management
- BHASOs on CCAR/DACODS
- 837s available for BHASOs

Interoperability
- Complete HIE Integration (Moved from FY24 Q4)
- Complete SHIE Integration (Moved from FY24 Q4)
- Document SHIE Integration Strategy (Q3 25)
- Expanded EHR/EMR Integration

OwnPath
- Update content strategy and revised information architecture for people seeking care

Provider Update Portal
- Develop timelines for scaling PUP for broader adoption in collaboration with OeHI's strategy

Q4 FY25
APR - JUN

Provider Services Portal
- Secure file transfer
- BHASO referrals data Discovery
- Phase III wave of providers onboarded

OwnPath
- Update stakeholder engagement strategy with focus on People with Lived Experience and Providers

Provider Update Portal
- Iterative PUP V3 scope to align with OeHi timelines

Strategic Scale
- BHASOs Workflow Discovery

Q1 FY26
JUL - SEP

Provider Services Portal
- Enhanced consent mechanism
- BHASO Referrals dashboard

Interoperability
- EMR Integration for referral Packet Discovery

OwnPath
- Publish performance data supporting decision-making for people seeking care

Provider Update Portal
- BHASO data elements incorporated

Q2 FY26
OCT - DEC

Provider Services Portal
- Incorporation and integration of all data from provider platforms into lakehouse and MDM practices
- Waitlist functionality
- BHASO Care Coordination use cases

Interoperability
- Expanded EMR integration options
- Expand SHIE pathway functionality and data tracking

OwnPath
- Develop curated service pathways for high priority user journeys

Q3 FY26
JAN - MAR

Provider Services Portal
- Expand to all providers across the State
- Phase IV wave of providers onboarded

Interoperability
- EMR Integration for Referral Packet
- HCPF Integration

OwnPath
- Develop content and data syndication policies

Provider Update Portal
- Opt in option for all providers across the state

Q4 FY26
APR - JUN

Provider Services Portal
- In-platform messaging
- BHASO messaging tool
- Available for all providers across the state

Interoperability
- API management layer

OwnPath
- Publish omni-channel care navigation strategy

SB 22-196

1. Describe stakeholdering and any other process that resulted in funds not being expended in an earlier timeline;

Stakeholdering: In Fall 2022 BHA conducted early research with a community partner to inform the initial strategy for the grant.

Other Processes: The statute for SB-196 required an extensive evaluation committee of thirteen individuals from very specific backgrounds and professions, including a public defender, a prosecutor, two clinicians with experience treating individuals involved in the criminal justice system, a person with lived experience in the criminal justice system, among eight other individuals. This was an unprecedented size for an evaluation committee and recruiting, organizing, and scheduling for this committee took time. Further, the statute forbade BHA from providing compensation for participation on the committee, which created challenges, especially for individuals with lived experience. Formation of this committee took significantly longer than the other grants because of these challenges. Regular committees are not mandated in composition by statute, are made of closer to five individuals, and BHA is able to provide compensation for individuals' time for non-government employees, which greatly increases people's ability and willingness to participate. This challenge delayed SB196's Notice of Award by about a month compared to the 1281 grants.

Additionally, BHA received legislation for all three HB 22-1281 grants (Substance Use Workforce, Children Youth and Families, and Community Investment Grants), and SB 22-196 Criminal Justice Early Intervention grants, at the same time, in July 2022. These grant programs totaled over $135 million and involved creation of four fully novel scopes of work and new customized competitive solicitations. Because these solicitations were meant to grant funds beyond the regular reach of BHA - to small, independent, grassroots organizations serving their own communities - BHA made special efforts to design the solicitations to be as accessible and community-friendly as possible. This involved creation of special application documents to simplify the process and level the playing field for organizations without dedicated grant writing departments. BHA also put the grant documents through multiple reviews for readability and accessible language. In Fall 2022, BHA conducted early research with a community partner to inform the initial strategy for the grant. Even with these special considerations, all grants were posted by December 8, 2022.

A total of 175 proposals were received across the four grants, all of which had to be individually evaluated both by scoring committee members and by BHA and CDHS procurement staff. A total of 109 proposals were awarded across the four grants, all of which needed to move through the budget and clearance approval processes at the same time. This was an immediate 30% increase to BHA's total contract volume, all being processed in the same time period, and this new contract load was equal to about 30% of BHA's contract volume for an entire year prior to the receipt of these funds. Multiple BHA staff members were fully dedicated to this effort for several months. Even so, the development, evaluation, and execution of these grants was necessarily staggered in time due to the realities of time and resource constraints.

The table below addresses the following questions for SB22-196 grants:

2. The date(s) grant awardees were notified of awards;
3. The date(s) contracts were first sent to awardees;
4. The deadline for contracts to be signed, if applicable;
5. The date(s) contracts were or are expected to be signed by both the awardee and the BHA;
6. The end date for existing contracts;
7. Amount allocated for contracts that are currently signed;
8. Amount allocated for contracts that are currently unsigned;
9. The most up-to-date expenditures and encumbrances;
10. Estimated expenditures by the end of the 2024 calendar year;
11. The end date for awardees to spend funds under current spending authority; and
12. The end date for awardees to spend funds under requested roll-forward.

	Awardees Notified of Intent to Award	**Contracts first sent to awardees** *this is initial contract review for the vendors and is not when the contract is executed	**All contracts to be fully executed (signed by awardee and BHA)**	**End date for existing contract**	**Amount encumbered under executed contracts (Dec 2023)**	**Amount expended (Dec 2023)**	**Amount committed to Year 2 awards for July 2024 contracts**	**End date for awardees to spend under current authority**	**End date for awardees to spend under requested roll-forward**
Criminal Justice Early Intervention	May 2023	June 2023	28 out of 29 executed by Nov 2023 The last contract was executed in Feb 2024	June 2024, with renewal planned for July 2024 - Dec 30, 2024	$33.11M	$1.80M	$14.4M	Dec 2024	Dec 2026

*Note: There are no deadlines for contracts to be signed. Each project has different negotiating timelines depending on the complexity of the project.

22-196 – Delayed action

Why is spending authority requested through December 2026 when the agency's response indicates that grant awards are only through FY 2024-25?

The SB 22-196 grant program required significant effort to develop. The entire first year of these grant programs was dedicated to program requirements and scope of work development, Request for Application (RFA) development, evaluation and scoring, duplication of benefit verification with various Colorado state agencies, budget negotiation and, finally, contract execution. The earliest contracts for these grant programs were executed effective July 1, 2023, providing at most a year and a half of funding, given the current spending authority limitations.

BHA only made awards pursuant to current statutory timelines, which is why grant awards have only been made through FY 2024-25. However, these grant awards can be easily extended past FY 2024-25 if extended spending authority were to be approved. Many grant applicants submitted budgets and expressed a desire for a longer time frame in order to make their work under these grant funds successful. Extending the timeframe will greatly increase grantees' success rates for hiring positions to staff their new programs, as applicants will be more willing to take a position that is available for longer; and it will ensure that funds are fully expended as intended with the maximum impact for individuals needing services. Additionally, a significant amount of these awarded funds are related to capital expenditures which, when planned intentionally, require a longer timeframe with consideration for planning, contracting, supply, and construction where applicable. A limited spending authority may restrict the number of individuals intended to be served and may create challenges in successful completion of necessary capital expenditures.

SB22-196 funds programs and strategies that prevent people with behavioral health needs from becoming involved in the criminal justice system or redirect individuals in the criminal justice system with behavioral health needs to appropriate services. We've seen a number of bills this session that are continuing to address this problem, and the 29 unique organizations across the state that have been awarded these funds have designed diverse and impactful projects that we want to help see to the finish line. These include funding for co-responder programs in six counties across the state, supporting the development of recovery residence services in communities, especially rural and frontier communities, that have never had these services before, and more.

Please describe the process for the State Controller to review and approve contracts, and whether existing contracts align with existing spending authority.

The State Controller is only involved with "high-risk" contracts. BHA contracts, including our ARPA grant program contracts, generally are not required to go through State Controller review and approval. BHA contracts are signed between CDHS Controller, Vendor Designee, and BHA Commissioner. All contracts align with existing spending authority. Additionally, there are mechanisms in the CORE accounting system which prevents us from acting outside of existing spending authority.

PLEASE PROVIDE THE FOLLOWING DETAILS FOR SB 22-181.

1. Describe stakeholdering and any other process that resulted in funds not being expended in an earlier timeline;

New team: As Workforce Development is a new team created at the establishment of the BHA, SB 22-181 granted 3.0 FTE for BHA to "create and begin to implement a behavioral health workforce plan to expand and strengthen Colorado's behavioral health care provider workforce to serve children, youth and adults" by September 20, 2022. As such, the first steps before expending SB 22-181 funding were to operationalize a new Workforce Development team while also developing the first state-wide behavioral health workforce strategic plan with extensive stakeholdering. To address the complex barriers leading to Colorado's workforce shortage, the strategic plan outlined a multi-faceted approach to impact all stages of the workforce development ecosystem. Each distinct initiative required extensive planning stages with stakeholders to develop the community-informed approach needed for far-reaching systems change.

Complexity of activities: These initiatives to expand and diversify the workforce are wide-ranging: providing multiple grant opportunities to employers & community based organizations; developing a new entry level role - the qualified behavioral health assistant; launching a free statewide learning hub for behavioral health training to increase cultural responsiveness; and creating more accessible and affordable educational and career pathways into behavioral health.

Extensive stakeholdering: To successfully implement these initiatives, BHA maintains frequent and ongoing collaboration with agency partners as well as extensive stakeholdering with community members, providers, and employers.

- To achieve behavioral health workforce systems change, Behavioral Health workforce priorities were identified and determined based on the appropriations within SB 22-181, with recommendations from the Behavioral Health Transformational Task Force and Behavioral Health Workforce Taskforce, and participatory stakeholder and community workgroups convened during Summer 2022.

- The workgroups included participants from 12 state agencies, including many participants from previous behavioral health task forces. The workgroups focused on identifying and developing actionable projects and initiatives to carry out the intention of SB 22-181 in building a diverse behavioral health workforce that creates improved access to equitable behavioral health services for all people of Colorado at each stage of life. This included identifying existing efforts that could be expanded and built upon in order to magnify their impact in ways that align with the purpose of this legislation, and developing new initiatives that will significantly impact the workforce in order to improve the behavioral health of all people in our state. The final prioritization was vetted and approved by each workgroup and

a larger group of internal stakeholders, with further input and comment via public stakeholder meetings held in August 2022.

- To inform the $5.9 million in peer support workforce funding allocations, the BHA engaged peer support specialists in multiple conferences and stakeholder meetings. BHA held behavioral health workforce listening sessions, presented at the Colorado Consortium for Prescription Drug Abuse Prevention Annual Meeting breakout on Recommendations for Advancing Colorado's Peer Support Professional Workforce, and facilitated two peer-focused listening sessions in November and December 2022 to hear from the peer support community about its priorities to strengthen its current and future workforce. BHA's Peer Support Steering committee and Quarterly Peer Support Collaboration Meetings helped in the development of an appropriate RFA to meet the peer workforce needs. These grants will train and expand the peer support workforce that use their lived experience to guide others on their recovery journey.

- The upcoming Work-based Learning Innovation grant application was identified after stakeholdering with behavioral health learners, providers, employers, and community- based organizations about the most critical workforce needs. During these conversations, stakeholders shared the need for more systemic changes, such as diversifying the workforce as well as standardizing additional entry-level positions to serve on Medicaid-reimbursed teams that then lead to more advanced behavioral health career pathways. BHA partnered with the community college system and department of higher education on the creation of a stackable microcredential, the qualified behavioral health assistant (QBHA) role, which was mandated in SB 22 181. These microcredentials will allow individuals to enter the workforce more quickly, increasing access to services by allowing certain clinical and non-clinical services to be provided by workers in entry-level roles. The new microcredential curriculum was recently approved by the community college system, and subsequently BHA has begun work to implement this role and encourage adoption by employers through work-based learning integration.

- As part of this microcredential implementation, BHA will support 4 school districts and 2 postsecondary education providers in developing a school based mental health professional P-TECH program (Pathways in Technology Early College High Schools) that would allow for students to earn education credentials and progress through the Behavioral Health pathway while doing structured, supported, work-based learning in support of school and district needs. This collaborative work with state agency partners and local education providers will allow students to take an additional 2 years of high school to obtain an associates degree in behavioral health for free.

- Stakeholders stressed that the pathway to licensure is expensive and inaccessible to those from historically disadvantaged communities. BHA is partnering with the National Center for the Apprenticeship Degree and MSU Denver to pioneer a Masters in Social Work Apprenticeship Degree Pathway, beginning with candidates enrolled in the Advanced

Standing masters program that culminates in a license in Social Work, ultimately creating a first-in-the-country Apprenticeship Degree program in behavioral health, furthering Colorado's reputation as a national leader in apprenticeships and behavioral health workforce development. Candidates pursuing an Apprenticeship Degree should have little-to-no-debt upon graduation (a key component of the Apprenticeship Degree model) and have the ability to earn a wage working close to full-time during their apprenticeship period.

- All of BHA's efforts that required creating pathways, such as the QBHA, developing career pathway buildouts between secondary and post-secondary programs, and the development of non-licensed opportunities for entry level positions required coordination with secondary and postsecondary institutions. The timelines necessary for curriculum to be developed, approved, added to course offerings, and eligible for financial aid where applicable all need longer timelines to construct. Additionally, staffing and scheduling requirements within the educational structures can, and often do, require greater logistical coordination For example, in order to have a course offering for a secondary school, the curriculum must be approved in the fall the year prior to the offering. Such time constraints add time considerations for successful completion of these projects.

The table below addresses the following questions for SB22-181 grants:

2. The date(s) grant awardees were notified of awards;
3. The date(s) contracts were first sent to awardees;
4. The deadline for contracts to be signed, if applicable;
5. The date(s) contracts were or are expected to be signed by both the awardee and the BHA;
6. The end date for existing contracts;
7. Amount allocated for contracts that are currently signed;
8. Amount allocated for contracts that are currently unsigned;
9. The most up-to-date expenditures and encumbrances;
10. Estimated expenditures by the end of the 2024 calendar year;
11. The end date for awardees to spend funds under current spending authority; and
12. The end date for awardees to spend funds under requested roll-forward.

	Awardees Notified of Intent to Award	Contracts first sent to awardees* *this is initial contract review for the vendors and is not when the contract is executed	All contracts to be fully executed (signed by awardee and BHA)	End date for existing contract	Amount encumbered under executed contracts (Dec 2023)	Amount expended (Dec 2023)	Amount awarded not yet under executed contract	End date for awardees to spend under current authority	End date for awardees to spend under requested roll-forward
Behavioral Health Workforce Recruitment & Retention Grants (NEI110)	Sept 2023	October 2023	All Contracts are expected to be fully executed by Feb/Mar 2024	Dec 2024	$3.91M	$.02M	$.6M	Dec 2024	Dec 2026
Career Pipeline Development (Portion of RRI120: Behavioral Health Care Workforce: Workforce Expansion)	Sept 2023	November 2023	All Contracts are expected to be fully executed by Feb/Mar 2024	Dec 2024	$0	$0	$3.6M	Dec 2024	Dec 2026
Behavioral Health Workforce Peer Support Professionals (RRI110)	Feb 2024 (by 2/14/24)	Contracting to begin upon notification of awards	Not yet applicable	Dec 2024	$0	$0	$5.0M	Dec 2024	Dec 2026
Work Based Learning Initiatives (Portion of RRI120: Behavioral Health Care Workforce: Workforce Expansion)	N/A- RFA to be posted in Q1 2024	Contracting to begin upon notification of awards	Not yet applicable	Dec 2024	$0	$0	$0	Dec 2024	Dec 2026

*Note: There are no deadlines for contracts to be signed. Each project has different negotiating timelines depending on the complexity of the project.

22-181 – Delayed action

Please provide all grant awardees.

Behavioral Health Workforce Recruitment & Retention Grants

Grantee	Total Budget
Rocky Mountain Crisis Partners	$249,810.00
SAFY	$131,330.00
Mental Health Partners	$250,000.00
Rocky Mountain Behavioral Health	$37,400.00
Counseling and Education Center	$86,576.00
DCAC	$32,014.00
Invest in Kids	$244,700.00
Mind Springs Health, Inc	$179,180.00
Jefferson Center for Mental Health	$250,000.00
Gateway to Success	$249,228.00
SummitStone Health Partners	$250,000.00
Shiloh House	$200,452.00
Hilltop Community Resources	$250,000.00
Summit Community Care Clinic	$250,000.00
Diversus Health	$247,596.00
Rocky Mountain Clinics	$199,100.00
Community Reach Center	$127,371.00
Tennyson Center	$249,975.00
Maria Droste Services of Colorado, Inc	$223,449.00
Mental Health Colorado	$201,300.00
Health Services District of NLC	$187,057.00
Running Creek Counseling	$87,560.00
Thriving Families	$238,920.00

Sobriety House	$105,319.00

Career Pipeline Development

Grantee	Total Budget
Clinica Campesina Family Health Services dba Clinica Family Health	$119,151.00
Jefferson County Public Schools	$32,000.00
Poudre School District	$232,041.00
"I Have A Dream" Foundation - Colorado DBA Colorado "I Have A Dream" Foundation	$283,590.00
SummitStone Health Partners	$299,999.00
Colorado Springs School District 11	$299,936.00
Jewish Family Service of Colorado, Inc. (JFS)	$194,741.00
Colorado Association of Alcohol and Drug Service Providers, DBA Colorado Providers Association	$106,603.00
Young African Americans for Social and Political Activism DBA Young Aspiring Americans for Social and Political Activism (YAASPA)	$299,920.00
Gunnison Valley Health Foundation	$144,600.00
Collective Health Partners, LLC	$224,000.00
Mental Health Center of Boulder County Inc., dba Mental Health Partners	$300,000.00
Droste Services of Colorado DBA Maria Droste Counseling Center	$299,660.00
Cornerstone Programs Corp dba Community Counseling Services	$299,993.00
Arapahoe Mental Health Center Inc DBA AllHealth Network	$112,057.00
San Luis Valley Community Mental Health Center, Inc. DBA: San Luis Valley Behavioral Health Group (SLVBHG)	$95,000.00
Alta Vista Center for Autism dba Firefly Autism	$293,114.00

Behavioral Health Workforce Peer Support Professionals

- Notice of Award is anticipated to release by Monday, February 12. In total, these grants will be an investment of $5 million in the peer support workforce. These grants will support over 300 new peer support specialists being added to the behavioral health workforce.

In addition to these grants,

BHA has executed contracts with the following organizations to implement additional SB 22-181 initiatives:

- University of Colorado (CU)
  - Hummingbird initiative career pipeline development ($2.9M)
  - Curriculum for justice involved ($1.9M)
  - Mental health / substance use training and peer supervisor training ($2.9M)
- Strategic Plan Development and Implementation Support
  - Envision Strategy Group ($40,000)
  - Inclusive Design Group ($40,000)
- Research on Qualified Behavioral Health Assistant and Bachelor's of Social Work
  - Western Interstate Commission on Higher Education ($60,000)

BHA intends to execute contracts to implement the following additional SB 22-181 initiatives:

- Creation of a Youth Mental Health Corps ($1.6M)
  - Serve Colorado
- Build out of an apprenticeship degree in social work ($500,000/yr)
  - National Center for the Apprenticeship Degree (Reach University)
  - MSU Denver
- Implementation of qualified behavioral health assistant role ($900,000)
  - P-TECH program funding to 4 school districts and 2 postsecondary education providers to allow students to earn behavioral health microcredentials debt-free

Other responses indicated that awards included amounts for FY 2024-25. Please provide the grant awards by fiscal year.

For the Recruitment & Retention and Career Pipeline grants, the grantees proposed budgets for the full period of the execution date (between December 2023 and February 2024) through December 30, 2024, and BHA executed contracts for the full period ending in December of 2024.

The BHA indicated that the request will require statutory change to extend the program. Please provide the program repeal date the BHA would need to implement the roll-forward request.

The BHA is requesting that the program repeal date align with the statutory spending timelines for the behavioral health and mental health cash fund, which is December 2026.

Please specifically describe why funds have not been expended and when the BHA decided to pursue roll-forward authority since the program repeals in September 2024.

The efforts of SB 22-181 are meant to be large-scale systems transformation workforce development initiatives, which has required significant time for planning and development. The spending has been slower-to-date due to the following reasons:

- The initial years of the Workforce Development Program was based upon stakeholder engagement and planning, which led to the decision for the topics of the initial Learning Management System (LMS) courses. Spending was lower in the first year of this project due to these less expensive planning activities, however, has greatly picked up now that we have entered into development of the LMS courses, as well as executed the awards for workforce capacity building grants.
- For grant opportunities (Retention and Recruitment, Career Pipeline Development, Peer Workforce, and Work-Based Learning Innovation opportunities) which will be made available over the course of FY 2023-24. There are complex procurement responsibilities such as developing detailed procedures related to program and budgetary approvals to ensure alignment with Treasury's Final Rule, identifying grant review committees with the capacity to engage in complex reviews, and detailed applicant budget reviews to confirm eligible and reasonable expenses, which all have contributed to delays to disperse grant funds. While implementation for the aforementioned grant program funds have been slower than anticipated, the initial emphasis on planning and development, application review and negotiation, and subrecipient monitoring preparation will help pave the way for responsible spending on sustainable and meaningful programs as intended by legislation.
- Many of the workforce strategy programs (creation of a qualified behavioral health assistant role, developing an apprenticeship degree in social work, career pipeline development work) required extensive collaboration with state agencies, employers, providers, and community stakeholders to ensure that the workforce strategic initiatives best meet Colorado's needs. The spend timelines for these implementation initiatives have needed to align with school year timelines. After the strategy has been finalized, BHA is working closely with partners to implement these large-scale system change projects.

22-1283 – Roll forward delayed action

BHA: Residential Substance Use Treatment Beds for Children and Youth

The bill includes $5.0 million for youth substance treatment beds. Currently, three beds have been contracted with Denver Health for high acuity, short-term withdrawal management services, with capacity to expand to 21 beds for youth experiencing acute withdrawal as needed. Funding has also supported a project at Jefferson Hills that has struggled to be implemented due to understaffing. The BHA indicates that staffing is expected to improve following sign-on bonuses, and 16 beds are expected to open in the Spring of 2024. These services are distinct from the investments in residential care for youth with high-acuity needs that are included in HB24-1038.

BHA: Crisis Services

Please describe the BHA's plan for expending the $1.2 million requested to be rolled forward.

HB 22-1283 formalized Crisis Resolution Teams (CRT) and provided funding for Crisis Response Teams, continuing the pilot originally created by funding from SB 21-137. Pursuant to this statute, BHA has operated a crisis resolution team pilot in 21 counties and the city of Colorado Springs since 2022. This program is designed to provide intensive stabilization services to youth and their families with high-acuity needs experiencing a behavioral health crisis. Families are typically referred to this program after an encounter with the crisis system through a walk-in center, mobile crisis response, or an emergency department, when it has been determined that a child is safe to remain at home. Five teams across Colorado provide these intensive in-home services to families for 4-6 weeks, and to date the program has had a 96% success rate at keeping kids safely in their homes and avoiding the need to transition to residential or inpatient treatment.

These funds that we are requesting to roll forward will be used to continue to support the Crisis Resolution Team (CRT) pilot programs that BHA has launched across Colorado. These funds cover program costs that include staffing, operating costs, vehicle expenses, and training materials.

Please describe whether the request overlaps with HB 24-1019 (Crisis Resolution Team Program). Why did the BHA indicate to Fiscal Note staff that ARPA funds for crisis services will be fully expended in FY 2023-24, but indicate in the request that roll-forward authority is needed beyond the 2024 calendar year?

These funds do not overlap with HB 24-1019. BHA's current program projections project that the CRT program costs $2.5M a year to operate and the ARPA funds will be fully expended at the end of FY 2023-24. The request for roll forward is to align the spending authority with the legislative program authority, which goes through 2026. Additionally, this request is meant to ensure that, if for any reason, funds are not fully expended in FY 2023-24, all outstanding funds can continue to be utilized to support the CRT pilot program in alignment with the intent of these funds.

Appendix 1

Additional information about SB21-137 projects and implementation:

BHA engaged OIT's Colorado Digital Service (CDS) and OIT's Chief Technology Office team to ensure that investments made to care coordination infrastructure were rooted firmly in the needs of people and behavioral health providers in Colorado and implemented using best practices for technology-in-government. CDS has provided product management, human-centered design, and technical leadership over the past two years, and BHA plans to continue to do so if SB 22-177 appropriation is extended. BHA has consistently engaged people and providers in learning about their needs and baking those requirements into the products we build; this process of speaking with target users, understanding their needs, building solutions to meet their needs, then further improving the product based on their feedback is how we ensure technology products reflect the needs of people in Colorado. We have also designed our care coordination infrastructure to be fully integrated into Colorado's broader healthcare IT ecosystem and the state's Health IT Roadmap; this means we have intentionally laid a strong foundation in terms of data standards and governance to support it's adoption by various agencies and local providers and we have focused on modern, modular technology where individual components of the state's behavioral health care coordination infrastructure can be securely combined, refined and evolved without incurring technical debt.

The following highlights several key milestones and accomplishments in developing the state's behavioral health care coordination infrastructure, funded through SB 21-137 as of February 2024:

- Recommendations from people in Colorado seeking behavioral health services, and behavioral health providers coordinating care, on what people in Colorado need to find the right behavioral health services at the right time and what providers need to effectively navigate people to care with minimal administrative burden. Feedback from real OwnPath users included gratitude for being given the "opportunity to have a voice in this process"; CApand quotes like:
    - "I'm really, *really* excited about this website and I'm really happy that I got to participate [in shaping future iterations of OwnPath]".
    - "I appreciate all of the resources that you guys have made available to me."
    - "Thank you so much for offering this! This is amazing and I am so happy you care."
    - "Thank you for this resource."
- Based on these recommendations, BHA launched the initial version of OwnPath in July 2022; OwnPath is a mobile-friendly website designed to help people in need or caring for someone in need of a behavioral health service a way to find the help they need. They can look up providers based on critical criteria for care, including languages spoken, populations served and insurance accepted. With this, the people of Colorado have a resource to access care- this is step one towards support, recovery, or crisis mitigation. Since it was launched, **over 250,000 people have used OwnPath** to search for behavioral health care; we have sustained web traffic over time, which demonstrates that people in Colorado are searching for care options online and look to BHA to help guide their search. While OwnPath feels

simple by design – a key need of people seeking behavioral health care is to not feel more overwhelmed in the process! – there are many features packed into it to help Coloradans navigate naturally to the right kinds of care; for example, people who have Medicaid can both search for services near them, filter those by providers who accept Medicaid, and learn how to connect to their Regional Accountable Entity (RAE) all in the same, short encounter on OwnPath.

- BHA's initial version of OwnPath was reflective of providers directly licensed and regulated by BHA to ensure the quality of providers listed. BHA continues to work to expand provider types and incorporation that are vetted for both quality and service capability. BHA' collaboration with the Office of eHealth Innovation to develop a provider directory – a key component of the state's Health IT Roadmap – is an example of this expansion effort. The provider directory establishes a single location where providers can review and prepare the information about their services that are surfaced on OwnPath. This advancement not only allows the expansion of additional providers but also creates the opportunity for real time information updates about provider services and availability. These capabilities is key to a cohesive care coordination infrastructure that research with people with lived experience and community stakeholders (both clinical provider and person in need of care) have advocated for and requested.
- Through this investment, Colorado has effectively leapfrogged other states. In testing, providers have indicated their excitement to use the tool and that they see the value it holds for **making referrals, growing their own practices, and building community.** They also expressed enthusiasm for the ability to tell people in Colorado that their clinic provides culturally competent care to several communities, a data set that doesn't exist in many state public directories. BHA's efforts on the "OwnPath Profile" will yield higher-quality data by creating an easier way for providers to update their information. It will also improve the information about a provider or facility that the public has access to because there will now be a mechanism in place for providers to add behavioral health-specific information (e.g., populations served, languages served, accessibility, service types) that gets the public closer **to finding the right service, the first time** during the delicate time of seeking care.
- Whether a person is self-searching or using care coordination services, the BHA has built robust, user-driven, data-informed tools, building on best-in-class data infrastructure that is enabling care coordination that was not previously possible. To enable Care Coordination, OwnPath, OwnPath Profile, mandated reporting, and alignment with the State's Health IT Roadmap, the BHA has invested in building a flexible, modular, and scalable data collection and storage infrastructure, often referred to as "the BHA Data Lakehouse" (a combination of modern Data Lake and traditional Data Warehouse). This work has also included significant efforts to build robust data standardization as we seek to integrate data and reporting from the 75 different programs that were consolidated into the BHA. This foundational work sets us up to enable services for the people in Colorado which were never possible before, while reducing both burden on providers, and operational costs to the State. With the data infrastructure we have built, and the roadmap we have laid out, the BHA's care coordination team will be able to see all the touchpoints an individual has had with the behavioral health system - including involuntary hospitalization, all encounters with

providers, and eventually their social determinants of health. We will be able to see where the system is and is not working for an individual and make targeted referrals - to facilities we know have capacity thanks to our capacity tracking and referrals work - and we will be able to analyze how the system is performing as a whole to inform policy and program changes through performance monitoring data. This system is being integrated with HCPF's data systems to ensure we are able to provide services to Medicaid members and providers, and will be integrated with Health Information Exchanges and Electronic Medical Records to ensure we are able to work across payers - including public, private, and self pay.

- In addition, we have invested in research with providers of all sizes and technological capabilities and have undertaken significant reform of the burden we place on providers. We have engaged with over 500 behavioral health providers including clinicians and care navigators across the state throughout multiple research efforts that directly informed our system design that ensures providers of any type or size are able to use this infrastructure to support furthering patient access to appropriate care. To provide an example of specific numbers for just one research initiative, for Referrals, 23 providers were engaged, in addition to 13 subject matter expert interviews within the State, and 5 focus groups with cross-agency groups.
- Research and analysis referenced above across every type of behavioral health provider in Colorado (and was completed using 137 funding) indicated the need for solutions that meet providers of any size or level of technological sophistication. The funding provided through 177 ensures that we build out infrastructure pathways for all provider type needs. For our larger providers, we will finish developing and then enabling direct care coordination and data integration via the HIE, SHIE, and EHR systems that already exist across the State. For our smaller and less technologically supported providers, we will finish establishing pathways for participation in data and information exchange that diminishes burden both financial and administrative- while ensuring their ability to participate in care coordination activities. The time to build and roll out these developments with the extension of time for 177 funding expenditure ensures all providers whether they utilize electronic health records systems or not to actively participate in the care coordination infrastructure.
- From July through October of 2023 BHA completed extensive user research and technology prototyping with behavioral health providers on their needs when coordinating care, with an early focus on transitions in in-patient care out of an emergency and into a residential setting. This research has highlighted the challenges providers frequently experience while transferring or referring people in their care to another provider, especially when the person's need for more or less intense/acute care has occurred (i.e. they need to "step-down" or "step-up" in care). We engaged with 23 providers and service organizations in Colorado across a variety of geographies, behavioral health settings, services offerings, technical resourcing levels and population expertise in hour long interviews where we discussed their referral processes and their vision of opportunities for improvement. After concluding our interviews, we also followed up with providers with a survey to further evaluate our hypotheses and fill remaining knowledge gaps. Additionally, we held in-depth conversations with 13 stakeholders within BHA and OIT, 5 group cross-agency interviews (including HCPF, OeHI, RAEs, CYF), and conducted secondary research using existing

documentation, past improvement project plans, and the current BHA technology ecosystem. Based on this research, the referrals platform's "minimal viable product" (MVP) has been under development and will be iteratively released to providers beginning in July of 2024. This release will focus on the MVP version of a referral platform – a well-built, well-organized tool to search, assess, and communicate. This will include:

- Standardized, anonymized "Preliminary Profiles" for clients
- Ability to initiate referral requests
- A standardized set of rejection rationales
- Streamlined client escalation process

Broader mission-critical referral functionality will be addressed through the requested SB 22-177 funds to ensure that client consent, the optimal exchange of client information, and longitudinal client journeys to support care coordination are incorporated into the platform.

BHA has garnered significant momentum through all of the major milestones described above. We continue to be on track to accomplish the following via SB 21-137 care coordination infrastructure funds by June 2024:

- With the remaining SB 21-137 funds, BHA will continue to coordinate and collaborate with HCPF, DORA and the Division of Insurance to align our care coordination efforts with ongoing efforts and existing systems. Below is an example of the deep collaboration underway:
  - BHA is enabling new ways of coordinating care for individuals across payers, providers, and systems via our data lakehouse infrastructure which serves as a hub or secure "traffic controller" of sorts for data use across various state and provider systems. We are currently working on making enrichment of state and provider systems external to BHA using valuable and high-impact provider information such as insurance providers offered, licensing info, and services provided to the public on OwnPath available via API. This means that when someone is looking for care on OwnPath, they will have a higher number of potential resources returned (improved data and search) and a higher likelihood of identifying and accessing to the right kind of care, **demonstrating progress towards the State's vision to ensure that no individual in Colorado if left without a place to turn when seeking care**. The process of executing on this work requires investment in *data normalization and ingestion*; in the same way in an Excel spreadsheet, one must determine what format they want the numbers to be in and how many decimal places they will track towards, each piece of data needs to be mapped towards a standard format for it to be easily pulled into the database to be used by our systems. This effort is extensive as we look towards the over 9,000 known behavioral health providers and over 20 potential data sets that we are considering as in scope.
  - The data lakehouse and its continued development through 177 funding will create the ability to understand client episodes of care while navigating through different community systems. Historically, data for different community supports (ex: SUD treatment, MH care) was siloed and spoke "different languages" (ex: data was

structured in incompatible ways at a system level, client identifiers varied based on where they were receiving care). The data lakehouse allows BHA to translate these different languages into a common language to gain a more holistic view of client experiences as they move through care continuums. **The continuation of development of this infrastructure through the extension of 177 funding directly relates to the requirements of 177 that the BHA care coordination cloud based solution facilitates the ability to document referrals and the transfers of care between community-based service providers.**

- OwnPath and OwnPath Profile are enabling people in Colorado to find the care they need, and the data set that is powering many other aspects of our coordinated care system. We are unifying multiple datasets and organizing them within a single location. This has taken significant effort, but has been greatly accelerated and supported by our core data modeling work. Now that we have unified our two largest data sets, OwnPath Profile is engaging the provider ecosystem directly in updating quality of care information to enrich the data the State and insurance companies have about providers in new ways. That data is then available via an API - an Application Programing Interface[1] - which allows multiple different systems such as OwnPath, the referrals system, or the Data Lakehouse to access the most up to date information on all of our behavioral health providers in a secure, efficient, manner. Getting this data, organizing it, and making it available via API is currently in final phases of "alpha" testing with real providers and is on target for a FY23 Q4 launch.
- Additionally, as the BHA's programs expand, so too does the opportunity for members of the public and providers to engage in the behavioral health system, so the BHA will leverage *internal stakeholder interviews* to continuously learn about programs and services that need to be considered in our care coordination infrastructure. This feedback from real people directly informs the work priorities for OwnPath until June 2024; in addition to the aforementioned ongoing work to enhance the scope services users can search on OwnPath, the team is also prioritizing user-driven to deliver a series of iterative improvement to how OwnPath performs — simply, OwnPath is being responsive to feedback from real users, and these items are priorities for development between now and June 2024.
- In leveraging the tooling that we have started to build with the SB 21-137 funds, BHA will continue to develop the centralized referral platform. The platform will provide broader visibility to the range of behavioral health care options available for providers looking to place a client, starting with BHA licensed inpatient and residential facilities. The platform will include behavioral health inpatient/residential facilities' current capacity and intake processes. Beyond enabling initial contact between providers looking for a facility and those receiving requests, a unique value this platform can offer is embedding state care

[1] APIs, Application Programming Interfaces (how computers talk to each other) shepherd data from one system to another; the best analogy for an API is a zipline, where only the individuals who have signed the waiver are permitted to step up to the platform, they must then be secured in to the harness and are pointed in a very specific direction towards the platform on the other side. In this analogy the data is the person on the zipline; only data that has been actively consented to by clients or through data sharing agreements can be shared from one system to another and, data must be sent only to the specific intended location with the right security parameters in place. APIs will allow the BHA to securely gather and distribute high quality provider and resource information across the care coordination infrastructure (e.g. to OwnPath, the Referrals Platform, the Provider Update Portal).

coordination support where facility seekers can ask for state assistance directly in the context of their referral workflow. In addition to reducing administrative tasks for facility seekers, this also enables the state care coordination team to have immediate visibility into the work already done on behalf of an individual seeking care. This structure reduces repeated data entry and outreach work, while also informing the care coordination team's approach to support the individual in need of placement.

- The iterative approach to adding value to the referrals platform will include building out the following:
  - In-platform messaging for providers and care navigators to securely communicate throughout the process. This communication is currently done through an inefficient combination of phone calls and faxes.
  - Secure file transfer (HIPAA compliant) that will allow providers to send client packets to the receiving provider. This is currently most often done through a process involving a fax and a follow up phone call.
  - Waitlist functionality to ensure individuals waiting for care are on a shared list for providers to reference as bed availability opens up. This is currently managed manually by providers, only for their own site.
  - Enhanced consent mechanism that aligns with our Statewide Consent Management approach as outlined by OeHi.
  - EMR integrations that enable providers to pass information securely directly into an electronic medical record system. This is currently done by manually re-entering client information into each system.
- Our ultimate direction and relative prioritization against this list (or other identified areas) will be informed by what we continue to learn from providers and users of the platform.

JBC Questions - BHA/DHS ARPA ROLL FORWARD REQUEST COMEBACK QUESTIONS

22-1283 – ROLL FORWARD DELAYED ACTION, REDUCTION APPROVED

DHS: Fort Logan Youth Neuro-Psych

1. Has the project been reviewed by the Capital Development Committee?

   CDHS has not done a formal presentation for the CDC on this project. The Department cannot speak to whether the CDC has reviewed the project independent of a CDHS presentation.

2. To what extent has the project followed normal capital development procedures regardless of whether it was reviewed by the CDC? Is the State Architect tracking the projects? When was the State Architect engaged in project development?

   Once HB 22-1283 was passed, the agency immediately followed all State requirements including coordination with the Office of the State Architect (OSA), as well as following all required procurement and contract requirements for a project of this type. The State Architect was made aware of the project as early as June 2022 and subsequently reviewed and approved the required SC4.1 (Construction Project Application) for this project on August 10th, 2022, which outlined the project budget.

   As required by OSA procedure, once the project was approved through HB 22-1283, CDHS began coordination and notification with all parties (the State's Building Delegate, the State Architect, and CDHS) by reporting the project as an active project in the required Capital Construction/Capital Renewal Project Status Report, as part of the required annual document that is submitted to OSA.

3. Please describe the current state of the project and estimated timeline to complete, and have an operational unit.

   This project is currently finishing up Schematic Design and has an estimated completion date for the summer of 2025.

4. Why is the Department requesting roll-forward authority through December 2026 if the project is expected to be complete in the summer of 2025?

   In order to account for any delays in construction, and to align with other rollforward requests, the Department requested roll-forward through the end of the eligible ARPA timelines in December 2026. We anticipate spending to be complete before that time, but believe it is prudent to build in flexibility given the current variable nature of the construction industry.

DHS: In-home youth respite

5. Why is roll-forward authority not requested for this portion of the bill if $3.7 million remains unexpended after current expenditures and the approved reduction?

   The remaining dollars are utilized for contracts with three vendors: Shiloh House, Southern Peaks, and Kids Crossing. All three agreements are projected to spend their funds within the current contract term, ending on 6/30/2024. Roll-forward authority for the unspent funds is not requested due to the strong likelihood that contractors would be unable to or willing to operationalize additional respite beds. This continues to be a space where, while we are on track to meet the statutory intention for the remainder of the ARPA period, providers are hesitant to contract for respite services, especially in the residential space. Residential providers have several state contracting options currently in place, including state-contracted PRTF beds, state-contracted QRTP beds, and state-contracted respite beds. The areas of highest need remain PRTF and QRTP, and providers are therefore more likely to focus on transitioning existing beds under those services. As such, roll-forward authority is unlikely to result in additional capacity, and runs the risk of returning funds at a later date, beyond when they can be feasibly reinvested.

22-1303 – ROLL FORWARD AND REDUCTIONS APPROVED

Fort Logan

6. Has the Fort Logan G-wing project been reviewed by the Capital Development Committee?

   The CDC considered and recommended a supplemental request related to the G-Wing project on January 11. That discussion included a presentation by CDHS which discussed progress and the need for the supplemental.

7. To what extent has the project followed normal capital development procedures regardless of whether it was reviewed by the CDC? Is the State Architect tracking the projects? When was the State Architect engaged in project development?

   Once HB 22-1303, was passed the agency immediately followed all State requirements including coordination with the Office of the State Architect (OSA) as well as following all required procurement and contract requirements relative to a project of this type. The State Architect was made aware of the project as early as June 2022 and subsequently reviewed and approved the required SC4.1 (Construction Project Application) for this project on August 10th, 2022, that outlined the project budget.

   As required by OSA procedure, once the project was approved through HB 22-1303 CDHS began coordination and notification with all parties by reporting the project as an

active project in the required Capital Construction/Capital Renewal Project Status Report, as part of the required annual document that is submitted to OSA.

8. Please describe the current state of the project and estimated timeline to complete, and have an operational unit.

   This project is currently completing Design Development and will begin the next step of contractually establishing the guarantee maximum price (GMP). Construction will begin late spring/early summer 2024. This project has an estimated construction completion date of June 2025.

   Upon further review of our rollforward request for this project, we believe that only a portion of the requested amount is needed. This is needed to complete construction, which is still underway. The original appropriation also included $6.6 million of operating dollars, with the assumption that the unit would be fully operational in FY 2023-24. Due to delays in construction, the homes will not be operational in this fiscal year, and that $6.6 million can be reinvested.

Transitional Living Homes

9. How many beds is the reduced appropriation expected to support? Are those beds ongoing or anticipated to end in 2024?

   The reduced appropriation will support 164 total beds. While H.B. 22-1303 requires at least 125 beds, we anticipate opening 140 contracted beds plus 24 state-run beds. All will be ongoing, which aligns with the provisions and fiscal note for H.B. 22-1303.

State Residential Beds

10. What is the current status of the state residential beds? Why is roll-forward authority needed for this project?

    The state residential beds for the Mental Health Transitional Living (MHTL) Homes programs are currently undergoing renovation. According to the latest update in January 2024, it is anticipated that these renovations will be finished by late summer of 2024. After the renovations are completed, these homes will undergo the licensing process. Once licensed, they will be prepared to accommodate clients for services.

    Upon further review, we believe that only a portion of the rollforward requested is needed. This is needed to complete construction, which is still underway. The original appropriation also included $3.8 million of operating dollars, with the assumption that the homes would be fully operational in FY 2023-24. Due to delays in construction, the homes will not be operational in this fiscal year, and that $3.8 million can be reinvested.

11. How many facilities and beds are expected to be supported as part of the project, and how many facilities and beds were expected to be supported in the 2022 Long Bill capital project the Committee approved to reduce?

    With regards to the Mental Health Transitional Living (MHTL) Homes, the Department will have three (3) state-run homes with 24 state-run beds, as outlined in HB 22-1303, and twelve (12) contracted homes throughout the state with 140 contracted beds. The total number of beds expected is 164 across the state-run and contracted MHTL Homes, exceeding the 125 required by HB 22-1303.

    The 2022 Long Bill capital project would have included 48 state-run beds in five (5) vacant buildings throughout the state. This project was based on the original capital construction submitted by the Department. Since that time, it was determined that only the 24 beds in three facilities would meet the program's transitional care treatment standards, and that two of the originally identified facilities were not suitable.