Appendix A: BHA 2025 SMART Act Program Reporting Requirements

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Presenting the Behavioral Health System Plan

Statutory Requirement: Section 27-50-204, C.R.S.

(1) Beginning October 1, 2022, and each October 1 thereafter, the BHA shall prepare and submit a report, known as the behavioral health system plan, to the joint budget committee and the public and behavioral health and human services committee of the house of representatives and the health and human services committee of the senate, or any successor committees. At a minimum, the report must include a description of the BHA's vision and strategy for the behavioral health system, updates on performance standards developed pursuant to section 27-50-201 (2), analysis of the grievances collected pursuant to section 27-50-108, updates on formal agreements and collaborations with state agencies pursuant to this article 50, opportunities to improve reimbursement for integrated physical and mental health services, updates on care coordination pursuant to section 27-50-301 (3), and the report of the advisory council created pursuant to section 27-50-701.

(2) Beginning January 1, 2023, and each January 1 thereafter, the BHA shall present the report prepared pursuant to subsection (1) of this section as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203.

Response: The BHA 2024 Behavioral Health System Plan provides the annual overview of how the Behavioral Health Administration is progressing in meeting statutorily assigned initiatives. In addition to describing BHA's vision and strategy, this report addresses: system performance standards, system grievance analysis, agreements with state agencies, care coordination infrastructure and how the BHA Advisory Council is supporting behavioral health system reform.

Veteran Suicide Prevention Pilot Program

Statutory Requirement: Section 27-50-801(6), C.R.S.

In its annual report to the committees of reference pursuant to section 2-7-203, the BHA shall include information concerning the pilot program and whether any changes should be made to the pilot program that would increase its effectiveness. In its final report prior to the repeal of this section, the BHA shall include a recommendation of whether the pilot program should be continued.

Response: The Veteran Suicide Prevention Pilot Program (Pilot Program) launched in the Summer of 2022. The Pilot Program serves veterans and their families experiencing behavioral health conditions that may lead to suicidal ideation, including, but not limited to: Post Traumatic Stress, Depression, Substance Use Disorder, Co-Occuring conditions, and psychological symptoms related to Traumatic Brain Injury.

The program contractor, Next Chapter, has developed a network of dedicated providers servicing Veterans and their families in El Paso, Teller Counties, and has recently expanded into Pueblo County.

Next Chapter partnerships include:

- UCHealth, Mt. Carmel
- Veterans Service Center (Mt. Carmel)
- National Alliance on Mental Illness (NAMI) Colorado Springs
- Silver Key Senior Services
- The Family Care Center (FCC)
- University of Colorado Colorado Springs (UCCS) Lyda Hill Institute for Human Resilience

- Serenity Recovery Connection (SRC)
- Veterans Trauma Court (VTC)

Services offered by the pilot include:

1. Screening and assessment for each client seeking services such as but not limited to:
    a. Intake and needs assessments.
    b. Psychological assessments.
    c. Substance use assessments.
    d. Standardized suicide assessment scale (C-SSRS) for each client at service initiation, every 30 days, and program discharge according to the tool guide.
2. Individual treatment planning.
3. Case management and care coordination:
    a. Connection to and coordination of benefits.
    b. Connection to and coordination of services addressing basic needs such as but not limited to housing/home help, food, transportation, etc.
4. Supported employment and education.
5. Crisis management:
    a. The Contractor shall develop procedures to manage individuals and families in crisis.
    b. Robust referral network for higher level of care including Crisis Stabilization Services and inpatient placements.
6. Individual, family and group therapy.
7. Peer support throughout all phases of treatment, including engagement, symptom management and peer respite services:
    a. Direct client contact, in person, on-line, text and phone calls included.
8. Substance use treatment:
    a. Robust referral network for higher level of care including withdrawal management and residential.
    b. Outpatient and inpatient substance use treatment
9. Trauma-informed/focused therapy to include alternative evidenced based/promising practices therapies such as but not limited to acupuncture, massage, yoga, animal assisted therapy, etc.
10. Discharge planning and referrals to ongoing support, if indicated.

In FY 2023-24 the Pilot Program data showed:

- Participants: 1060 participants, far surpassing the 700 initial pilot goal.
  - Of these individuals, 85.8% were "in need of behavioral health services" and connected to clinical services
  - 69% reported an improvement to their mental health
  - 77% reported thoughts of self-harm and suicide decreased
  - 45.% served are affiliated with the Army
  - 36.7% of Next Chapter clients were family members or dependents of veterans
  - 86% would recommend Next Chapter to another veteran, service member or military family member
  - 0 participants died by suicide
- Reduced Barriers to Treatment:
  - Provide services when VA clinics may not be taking new appointments for behavioral health and approximately 20 days wait time for a mental health treatment appointment.
  - 1-2 days average time from intake to assessment
  - 2-5 days average time from assessment to first service appointment
  - 5-7 days average time from intake to first service appointment
- Community Outreach & SIngle Access Point:
  - 22 Community Outreach Events
  - 741,320,018 individuals targeted through social media and public relations
  - NextChapterCO.org has received 771,000 site visits and 3709 calls made to the hotline 1-888-719-VETS.

The Veteran Suicide Prevention Pilot Program is scheduled to repeal July 1, 2025. Next Chapter has been working with their local partners, community supports and state supports to identify possible ways that this program could be enhanced as two years of findings are showing this program is beneficial to veterans and their families. Next Chapter also continues to attempt to collaborate with the VA to provide benefits to those qualified veterans. On average, the costs for services per person is $1,539.88. If Next Chapter is successful in engaging the VA, the average costs per person decreases to $829.72.

While the Pilot Program has demonstrated favorable outcomes, funding is not currently available to continue the program past the pilot phase, which ends June 30, 2025. BHA is actively pursuing opportunities to identify an ongoing funding source to continue access to these services for Veterans and their families.

Study of Health Effects of Felonizing Fentanyl Possession

Statutory Requirement: Section 27-50-802(2)(d), C.R.S.

> *"No later than January 31, 2025, the BHA shall publish the report on the BHA's website and submit the report to the house of representatives judiciary committee, the house of representatives public and behavioral health and human services committee, the senate health and human services committee, and the senate judiciary committee, or their successor committees, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required pursuant to section 2-7-203."*

Response: In May 2022, the Colorado Legislature passed House Bill 22-1326, Fentanyl Accountability and Prevention. Among the many provisions of law, the bill enhanced criminal penalties for fentanyl possession by making possession of 1-4 grams of drugs that contain fentanyl or fentanyl analogs a level 4 drug felony from a misdemeanor. HB22-1326 required BHA to contract with an "independent nonprofit or educational entity" to conduct an independent study of the health effects of the enhanced criminal penalties.

BHA released a Request for Proposals (RFP) for the study in August 2022. The Missing US Lab at the University of Colorado Anschutz Medical Campus, was awarded the contract. The Missing US Lab at the University of Colorado Anschutz Medical Campus submitted the *2024 Measuring the Health Impacts of Felonizing Fentanyl Possession State Report* to BHA on December 23, 2024. The report can be found on BHA's Webpage at: bha.colorado.gov/data-and-reports/reports.

Behavioral Health Crisis Response System

Statutory Requirement: Section 27-60-103(6), C.R.S.

> *"Beginning in January 2014, and every January thereafter, the BHA shall report progress on the implementation of the crisis response system, as well as information about and updates to the system, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203."*

Response: Colorado's Behavioral Health Crisis Response System consists of four statutorily established modalities: Walk-In Centers, Mobile Response, Stabilization Units, and Respite, available in every crisis region. Mobile Response is available in each county 24/7/365 to respond in the community, where the crisis is occurring and is dispatched through the

statewide hotline, or locally. Clinicians at the Walk-In Centers and Mobile Response Teams can refer individuals to Stabilization Units for a short-term stay when inpatient hospitalization is not needed, and/or to respite to relieve the precipitating factors to the crisis.

Colorado Crisis Services produces 3 facility-based programs, serving various levels of care. The number of individuals served by these programs in FY 2023-24 are as follows:

- Crisis Stabilization Unit (CSU) = 3,157
- Respite = 301
- Crisis Walk-In Center (WiC) = 15,104

In addition to facility-based programs, Mobile Crisis Response Teams provide response services across all of Colorado. In FY 2023-24, Mobile Crisis Response Teams were dispatched at least 4,376 times. This number may not reflect all "self-dispatches" which are responses that originate from calls directly to an MCR provider rather than through the 988/CCL call center. BHA is working to address this gap in current data.

BHA and HCPF continue to partner on improving the Statewide Crisis Continuum. BHA and HCPF worked together to standardize Mobile Crisis Response (MCR) services in alignment with federal standards to assure appropriate reimbursement for Medicaid members and access 85% federal medical assistance percentage (FMAP) for those members. Stakeholder engagement for MCR was conducted in tandem, both in person and virtually. HCPF and the BHA co-published clarifying policy memos and co-authored the MCR Service Definition, demonstrating a closed loop for providers by indicating that all MCR providers must contract with the BHA ASO and the HCPF RAE, which is key to maximizing federal funding where possible. Specifically, these changes included MCR becoming an on-site response rather than facility-based.

BHA and HCPF worked collaboratively on the development of BHA's Crisis Professional Curriculum which aims to expand the workforce and address staffing challenges by allowing providers without advanced degrees or licenses to become crisis professionals by completing the BHA-created Crisis Professional Curriculum. This training allows individuals with lived experience and to be part of the crisis workforce. The curriculum consists of over 40 hrs of training to prepare individuals to effectively respond to crisis situations. This training went live in July 2024 and also included the release of the Colorado Crisis Assessment which is required for use by MCR teams and WIC crisis professionals. The majority of the courses offered as part of the Crisis Professional Curriculum have Continuing Education Credits (CEUs) further incentivizing providers to engage in the training. At the time of this report, 365 crisis professionals across the state successfully completed the entire course.

BHA, HCPF, and CDPHE co-host monthly Crisis office hours for providers and RAEs, and regularly hold collaboration meetings, to assure alignment between regulations, reimbursement strategies, and broader crisis system goals. The 988 implementation plan is an example of this alignment effort, where HCPF was tasked "with the goal of having Medicaid revenue support the crisis center (both crisis lines 988 and 844)" and has done so while supporting BHA and the 988 Enterprise through vendor transition.

In addition to the crisis response services outlined above, Crisis Resolution Teams (CRT) are an intensive home and community services pilot program funded by braided S.B. 21-137 and H.B. 22-1283 funds. The intent of Crisis Resolution Teams is to prevent out-of-home placement for children who are experiencing mental health crises. The teams provide intensive, short-term (4-6 weeks), in-home services up to 3 times per week and linkage to ongoing support. While the team's focus is the youth, they also provide services to family members directly involved with the youth to increase sustainable interventions and support. Referrals to CRT typically come through emergency departments and Colorado Crisis Services. Currently, 21 counties are being served by the pilot program.

In FY 2023-24, Crisis Resolution Teams served 256 Children, Youth, and Families.

Proposition KK, passed by voters in November 2024, directs $3.0 million annually to continue and expand access to behavioral health crisis response system services for children and youth. BHA anticipates that funding from Prop KK will be made available for this purpose beginning in FY 2025-26, and that those funds will be used to continue intensive home and based crisis resolution services such as Crisis Resolution Teams. BHA is working in close partnership with HCPF to identify how, as the program transitions from its pilot phase, these intensive home based services can be better integrated into both the crisis response system, and the system of care for youth with complex needs being developed pursuant to HB24-1038, and be made available statewide.

Criminal Justice Diversion Programs

Statutory Requirement: Section 27-60-106.5(2), C.R.S.

> *"On or before November 1, 2021, and on or before each November 1 thereafter, the BHA shall include an update regarding the current status of funding and the criminal justice diversion programs implemented pursuant to this section in its report to the judiciary committees of the senate and the house of representatives, the health and human services committee of the senate, the public and behavioral health and human services committee of the house of representatives, or any successor*

committees, as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required by section 2-7-203."

Response: BHA administers two types of criminal justice diversion programs, Co-Responder Programs and Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) Programs.

The Co-Responder model pairs law enforcement and behavioral health specialists to respond to behavioral health-related calls for police service. These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations, deflect individuals away from the criminal legal system and unnecessary hospitalization, and help link people with behavioral health needs of any age to appropriate services.

There are multiple funding streams that BHA utilizes to maximize the total number of programs and teams throughout the state, including: Marijuana Tax Cash Fund, General Fund, and, for FY25 only, Mental Health Block Grant Funds. The majority of the programs and funds are through contracts with cities and counties ($7.3M). Approximately one third of the total funds allocated to Co-Responder are through Comprehensive Community Behavioral Health Providers, formerly known as Community Mental Health Centers ($3.3M).

The FY2023-24 Long Bill included a $2 million dollar increase for Co-Responder Programs. BHA carried out an RFA to expand services. However, in the 2024 legislative session, the $2M budget increase for those programs was eliminated. BHA was able to use one-time federal funding to sustain these increases in FY25, however these funds will not be available in FY26, and BHA is planning for program decreases accordingly.

While Co-Repsonder programs are necessarily integrated with safety net services, co-responder services are separate from the safety net services that BHASOs will administer. As such, Co-Responder Programs will continue to be administered by BHA when the BHASOs launch in 2025. Therefore, BHA is releasing an RFA for the funds that have historically been allocated through the Community Mental Health Centers. Once the solicitation is complete, all of the BHA-funded Co-Responder Programs will be contracted through cities and counties. Regardless of funding/contract type, 42% of counties (27) have at least 1 Co-Responder Program, which includes program availability for 16 sheriff's offices (unincorporated county coverage) and 69 police departments (cities/towns/municipalities). Starting in Fiscal Year 2025-2026, BHA's Co-Responder funding and contracts will be with other governmental entities (cities and counties) and BHA will no longer be funding community mental health centers or treatment providers directly.

LEAD programs intervene when partners such as law enforcement, health care agencies, elected officials, and other community partners refer an individual to receive services in lieu of an individual being directed to the criminal justice system. These services include

trauma-informed intensive case-management that connects an individual to a wide range of support services, often including transitional and permanent housing and/or substance use treatment.

The LEAD program works closely with local, state, and national partners to promote diversion and deflection. LEAD is funded through the Marijuana Tax Cash Fund, General Fund, and a Mental Health Block Grant (only for FY25). All programs are contracted with cities or counties within the state and all four original pilot sites are still operational within Alamosa, Denver, Longmont, and Pueblo. The LEAD budget for FY25 for all sites is $2.2M.

House Bill 24-1045 appropriated $250,000 to expand diversion programs. This funding, made available in FY 2024-25, is currently being used to start a pilot program for youth diversion and deflection within existing LEAD programs. Efforts to collect standardized and uniform data have been implemented with great efforts. The program is now consistently collecting information regarding specialized populations, the reduction/increase of high-risk behaviors, substance use, mental health, and brain injuries (in collaboration with MindSource).

Behavioral Health-Care Workforce Development Program

Statutory Requirement: Section 27-60-112(4), C.R.S.

> *"For the state fiscal year 2021-22 and each state fiscal year thereafter for which the program receives funding, the BHA shall report a summary of the expenditures from the program, the impact of the expenditures in increasing the behavioral health-care workforce, and any recommendations to strengthen and improve the behavioral health-care workforce as part of its annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2."*

Response: The purpose of the Behavioral Health-care Workforce Development Program (Program), created pursuant to SB21-137, is to increase the behavioral health care workforce's ability to treat individuals, including youth, with behavioral health disorders. SB21-137 appropriated $18 Million for the Program. The following table provides an overview of the Program's expenditures from the SB21-137 appropriation.

Table 1: SB 21-127 Funding Overview

SB21-137 Project Name	Total (in millions)	Reverted (in millions)	Expended (in millions)	Encumbered (in millions)	Unencumbered (in millions)
Behavioral Health Workforce Development Program	$15.37	$0.00	$13.89	$0.15	$1.33*
Behavioral Health Workforce Development Program: Capacity Grants	$2.63	$0.00	$2.48	$0.15	$0.00

*BHA no longer has spending authority for these unencumbered funds.

SB21-137 established five (5) parts of the Program. The following addresses each of the five parts of the Program codified in § 27-60-112(2), C.R.S. and how this program has impacted Colorado's behavioral health workforce:

a. *Develop an online training system that allows for accessible statewide training opportunities.*

   In April 2024, BHA launched the new OwnPath Learning Hub, a comprehensive online resource designed to provide free educational courses for behavioral health professionals, crisis and peer professionals, and interested individuals.

   As of November 2024, 90 courses are on the Learning Hub with at least 52 more courses scheduled to be added within the next year. So far, 2,139 people have enrolled in courses on the OwnPath Learning Hub and 1,365 learners have already passed at least one course.

b. *Develop an online training curriculum for providers in rural and metro areas to increase competencies in mental health and substance use disorders that will support a high-quality, trained, culturally responsive, and diverse behavioral health-care workforce.*

   The OwnPath Learning Hub courses are intended to help providers expand their knowledge of mental health topics and care techniques. It is designed for a wide spectrum of users, from novice to experienced mental health providers.

   The courses range from standalone modules to comprehensive curriculum bundles. Many courses are eligible for continued education credits, providing further incentive for providers in Colorado to participate and continue their behavioral health education. Over 90 courses have currently been developed for the Learning Hub, and more are being developed. Many of the courses are APA certified, and

future courses will include additional credits for continuing professional education will be added.

c. *Provide fiscal incentives for lower income individuals to obtain a degree in behavioral health, with funding specifically targeted for rural areas of the state.*

BHA worked with Colorado Department of High Education (CDHE) to provide tuition assistance to nine (9) higher education organizations that are rural serving institutions. A total of $9 million dollars was allocated to the following organizations:

- Adams State University
- Colorado Mesa University
- Colorado State University
- Pueblo Community College
- Regis University
- University of Colorado, Colorado Springs
- University of Colorado Denver
- University of Denver
- University of Northern Colorado

In all, 1,087 individuals enrolled in behavioral health credential/programs received scholarships to pursue degrees. A total of 2,315 semesters/quarters were completed and 452 degrees and certificates were awarded to participants.

d. *Provide training to the existing behavioral health-care workforce to be certified in federally reimbursed services.*

One of the clearest metrics of the Learning Hub's success can be seen in the Crisis Professional courses that are currently on the Learning Hub. The Crisis Professional Curriculum contains all of the courses required to become a Crisis Professional and utilize the Colorado Crisis Assessment in the state of Colorado. This asynchronous course is designed for behavioral health service providers, social workers, counselors, peer support specialists, and other professionals who support individuals with substance use and behavioral health conditions.

The Crisis Professionals Curriculum has 1,568 learners currently enrolled, of which 1,092 have completed at least one course.

e. *Provide capacity-building grants to diversify the safety net provider workforce.* Children, Youth, and Family Workforce Grants made available in FY22-23 were awarded to subrecipients to "implement or expand evidence-based or promising

practices." In FY23-24, providers were granted a rollover of unused funds to continue their programs. This funding ended June 30th, 2024. Grant amounts ranged from $4,000 to $333,000. All but one of the providers expended all, or nearly all, of their funds to implement activities consistent with the grant parameters.

FY23-24 Subrecipients were:

- Kit Carson County (FY22-23)
- Mental Health Center of Denver/Wellpower (FY22-23 and FY23-24)
- North Range Behavioral Health (FY22-23 and FY23-24)
- Southwest Colorado Mental Health Center, INC/Axis (FY22-23 and FY23-24)
- Specialized Alternatives for Families and Youth of Colorado (FY22-23)
- Summitstone Health Partners (FY22-23 and FY23-24)
- Colorado Boys Ranch Foundation/Paragon (FY22-23)
- San Luis Valley Behavioral Health Group Inc (FY22-23)
- SAFY (FY22-23)

For providers that used the funds to train staff, the funds were used for evidence-based practices including Biofeedback, Parent-Child Interaction Therapy, Eye Movement Desensitization and Reprogramming, Dialectical Behavior Therapy, Licensed Addiction Counselor (LAC) certification, Assertive Continuing Care Protocol, Cognitive Behavioral Therapy, Brief Strategic Family Therapy, and Collaborative Assessment and Management of Suicidality. Other providers used grant dollars to fund clinician positions and clinical supervision of those staff in order to increase the workforce to serve more clients. None of the providers stated that they encountered a "funding cliff" at the end of funds due to having sustainability plans. Most providers stated they could utilize other Federal or State funds, or a braiding of these, to continue work that was started. Other providers created a sustainably trained workforce that could either train new staff at no cost or train staff to be able to see an expanded network of clients due to new credentials.

SB22-181 appropriated $2,928,337 and added additional requirements to the Behavioral Health-care Workforce Development Program. SB22-181's addition to the Program included the following, which was supported by the $2.9 Million appropriation:

I. *Develop a process to track, store, and create reports concerning the training and continuing education in the curriculum developed by the Program and to track providers' completion of in-person and virtual training offered pursuant by the Program.*

The OwnPath Learning Hub has the ability to track, store, and create reports as part of the system. A recent OwnPath Learning Hub report can be found here.

II. *Collaborate with credentialing entities to track peer support professionals in the state.*

BHA receives quarterly reports from the Colorado Provider Association (COPA), the peer support certifying body that collects credentialing information from peer support professionals. Through the use of investments made by BHA, over 300 new peer support professionals are expected to be certified by 2026. This will double the number of certified peer support specialists from 2020 to 2026.

Behavioral health workforce continues to be a priority topic with behavioral health providers and throughout Colorado communities. Behavioral health workforce initiatives and investments, such as SB21-137, have created opportunities to increase the behavioral health care workforce's ability to treat individuals, including youth, with behavioral health disorders. The outcomes of these investments will be further realized as Colorado's behavioral health system continues to reform to expand access to quality behavioral health services across all regions of Colorado.

Behavioral Health-Care Provider Workforce Shortage

Statutory Requirement: Section 27-60-304(1), C.R.S.

> *"In 2023, and 2024, 2025, 2026, AND 2027 the state department of human services shall include an overview of the BHA's progress toward addressing the behavioral health-care provider workforce shortage during the hearings held prior to the regular session of the general assembly under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2."*

Response:

Overview of Workforce Plan

Utilizing legislative directives, community listening sessions, and the 2021 BHA Stakeholder Recommendations Report, the BHA developed a strategic plan to increase the behavioral health care workforce. Overall, BHA used SB 21-181 funds to operationalize the plan, with emphasis on the following:

- Developing expanding, strengthening, professionalizing, and standardizing the peer support workforce;
- Creating the Behavioral Health Assistant paraprofessional role to expand the behavioral health workforce;
- Increasing grant opportunities to support employers and employees currently working in behavioral health settings;
- Supporting apprenticeships, internships, and pre-licensure work; and
- Building upon SB 21-137 investments to expand training and development opportunities available on the Learning Hub.

Developing expanding, strengthening, professionalizing, and standardizing the peer support workforce;

$4 million dollars in grants were awarded to 16 peer support organizations to train and certify peers across the state, including funding efforts to train and certify individuals involved in carceral systems. Additional funds were utilized to ensure peer support trainings are available on the LearningHub.

Creating the Behavioral Health Assistant paraprofessional role to expand the behavioral health workforce;

BHA collaborated with the Colorado Community College System to develop an entry-level, medicaid reimbursable microcertification, the Qualified Behavioral Health Assistant, to increase behavioral health employment opportunities that also reduce administrative burden of higher level providers. This certification, in addition to a $1.3 million dollar investment in tuition assistance were successfully implemented.

Increasing grant opportunities to support employers and employees currently working in behavioral health settings

$4.7 million dollars in grants were awarded to 24 behavioral health agencies to recruit and retain staff in communities across the state of Colorado.

1031 employees' salaries were sustained through recruitment and retention supports.

Supporting apprenticeships, internships, and pre-licensure work; and building upon SB 21-137 investments to expand training and development opportunities available on the Learning Hub

Just under $5 million dollars was allocated to the development of trainings on the state LearningHub. These courses are free to anyone in the state of Colorado seeking to learn more about BH care topics. Courses support a wide range of learners and setting-specific practices and audiences. Over 90 courses have been developed since the initiation of this project. A comprehensive update on LearningHub can be found in the previous SMART Act Requirement "Behavioral Health-Care Workforce Development Program" with updates pursuant to Section 27-60-112(4), C.R.S.

This funding has also supported workforce expansion programs across the state. BHA worked in coordination with several higher education organizations as well as provider organizations to create innovative solutions to growing Colorado's talent pipeline. The goal was to increase diversification within BH fields and lower barriers to engagement. Such collaborations have led to the following new initiatives:

- A first in Colorado Bachelor's to Master's plus licensure apprenticeship in a social work program,
- The first mental health PTech pilot, allowing high school students the opportunity to earn an Associates in Behavioral Health Sciences for free through a work-based curriculum.
- The first behavioral health state youth corps offered in collaboration with the Lt. Governor's office
- Investment in tuition assistance programming through MSU and affiliate rural serving post-secondary institutes providing behavioral health degree and certification programs across all levels of education

While these new initiatives launched within the last six months, early data suggests strong engagement with initial youth corp membership exceeding initial openings by 25% and the first MSW apprenticeship cohort beginning this fall and supporting 100 students.

Beyond these new initiatives, the following statistics speak to BHA's workforce investments resulting from House Bill 22-181 funding and the accompanying workforce plan:

- 333 jobs created in behavioral health programs;
- 73 apprenticeships supported;
- 496 people enrolled in certification/training/academic programs;
- 163 credentials/certifications obtained;
- 137 scholarships/stipends awarded

Table 2: SB 22-181 Funding Overview

SB 22-181 Project Name	Total (in millions)	Reverted (in millions)	Expended (in millions)	Encumbered (in millions)	Unencumbered (in millions)
Behavioral Health Care Workforce: Behavioral Health Aide Program	$0.57	$0.00	$0.06	$0.40	$0.10
	$1.45*	$0.00	$0.00	$0.80	$0.65
Behavioral Health Care Workforce: Innovative Recruitment & Retention Grants	$3.16	$0.00	$1.27	$1.65	$0.25
	$1.60*	$0.00	$0.00	$1.41	$0.19
Behavioral Health Care Workforce: Learning Academy	$1.00	$0.00	$0.01	$0.19	$0.79
	$3.86*	$0.00	$0.00	$1.00	$2.86
Behavioral Health Care Workforce: Peer Support Professionals	$4.00	$0.00	$0.25	$2.96	$0.78
	$1.93*	$0.00	$0.00	$1.55	$0.38
Behavioral Health Care Workforce: Workforce Expansion	$5.16	$0.00	$2.81	$3.12	-$0.77
	$12.37*	$0.00	$0.00	$1.65	$10.72
SB22-181 Total	$35.09	$0.00	$4.40	$14.74	$15.94

*Denotes general funds following HB 24-1466 refinance.

Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program

Statutory Requirement: Section 27-60-404(2)(a), C.R.S.

"On or before January 31 of each year, the house of representatives judiciary committee, the house of representatives public and behavioral health and human services committee, the senate health and human services committee, and the senate judiciary committee, or their successor committees, shall hold a joint hearing on the grant program. At the hearing, the state department shall report to the committees about the grant program, which must include an overview of the grant program, information on the type of services funded with a grant award, and where services were provided."

Response: The early intervention, deflection, and redirection from the criminal justice system grant program, established pursuant to S.B. 22-196, provides grants to local governments, federally recognized Indian tribes, health-care providers, community-based organizations, and nonprofit organizations to fund programs and strategies that prevent people with behavioral health needs from becoming involved with the criminal justice system or that redirect individuals in the criminal justice system with behavioral health needs to appropriate services. The program has supported 29 initiatives that, as of June 2024, served 6,386 individuals.

Types of Services funded:

- Early Intervention- 24/7 Walk-In Crisis Services, Medication Assisted Treatment, Withdrawal Management, Group Therapy, Case Management, School-Based Programs for At-Risk Youth, Restorative Justice Programs, Bi-Lingual Youth Services, Multisystemic Family Therapy for Rural Youth
- Deflection- Expansion of non-police crisis response, Intensive Case Management, Vocational Training, First Responder Co-Responder Services, Harm Reduction Initiatives, Day Programs, and Drop-in Centers for individuals with justice involvement or substance use disorders
- Diversion- Culturally Responsive Therapy, Pre-Trial Support Services, DUI Classes, Intensive Outpatient Treatment, Law Enforcement Assisted Diversion(LEAD), Competency and Wrap Around Case Management, Rural Recovery Residence Expansion, Medication Assisted Treatment, Bi-Lingual Court Services
- Reentry- Pre-Release Reentry Planning and Support for Adults and Youth, Wraparound Case Management, Housing Support, Jobs Skills Training, Peer Support Groups, Sex Offender Specific Programming and Housing Support, Substance Use Disorder and Inpatient Behavioral Health Treatment Referrals

Services are provided across the state:

- Adams County:
  - Aurora Mental Health Center- 24/7 Walk-In Crisis Services, Medication Assisted Treatment, Withdrawal Management
- Arapahoe County:
  - Coach Counseling Center- CBT Therapy, DUI Classes, Job Placement
- Boulder County:
  - Boulder Community Services- Co-Responder Services, Pre-Trial Support, Sober Living, Intensive Outpatient Treatment, Culturally Responsive Therapy
  - City of Boulder- DBT Therapy, Co-Responder Services, Community Assistance Response, and Engagement (CARE- non-police response), Intensive Case Management

    - City of Longmont- Software Integrations for LEAD, Co-Responder, and Crisis Response Case Management
    - Mental Health Partners of Boulder- 24/7 Walk-In Crisis Center, Medication Assisted Treatment, Mobile Crisis Unit, Withdrawal Management
    - The Reentry Initiative- Substance Use Disorder Programs, Case Management, Pre-Release Reentry Planning and Support
- Clear Creek County:
    - Clear Creek County Government- Community Co-Responder Services
- Delta County:
    - Kings and Priests Ministries- Pre-Release Reentry Support, Peer Coaching
- Denver County:
    - Brink Literacy- School-Based Programming for Youth, Peer Support and Storytelling Therapy with Department of Corrections
    - Denver AID Center- Co-Responder, Clinical Case Management, Substance Use Disorder, and Inpatient Behavioral Health Referrals
    - Life-Line- Reentry Support for Youth
    - Make a Chess Move- Juvenile Court Case Management, Pre-Release Reentry Support for Youth
    - Mile High Behavioral Healthcare: Medication Assisted Treatment, Housing and Employment Support, Therapy, Case Management, Peer Support
    - Remerg- Housing Support for Reentry, Sex Offender Programming and Services
    - Otherside Academy- Vocational Training, Sober Living Housing, Peer Support
- Douglas County:
    - Second Chance Center- Pre-Release Reentry Planning and SUpport, Wrap Around Services, Peer Mentoring
- El Paso County:
    - Brink Literacy - School-Based Programming for Youth
    - Crossroads Turning Point- Early Intervention Drop-In Center
    - Kingdom Builders Family Life Center- Programming for At-Risk Youth
- Garfield County:
    - Kings and Priests Ministries- Pre-Release Reentry Support, Peer Coaching, Wrap Around Services Hub, Jobs Training
- Gunnison County:
    - Gunnison County Government- Youth Diversion, Youth Mentors, Restorative Justice Services, Comprehensive Case Management
- Jefferson County:
    - City of Westminster- Court Resource Navigation
- Larimer County:
    - Larimer County Government- Competency Case Management, Co-Responder

- Las Animas, Huerfano, Summit, Eagle, La Plata, Delta, Gunnison, San Miguel, Garfield, Chaffee, Fremont, Morgan, Logan, Moffatt, Routt, Otero, Weld, and Montezuma Counties:
    - Colorado Association of Recovery Residences- Incubator for expansion of new recovery homes in rural Colorado
    - Savio House- Currently in 34 counties, moving to rural counties to provide Multisystemic Family Therapy for Youth
- Mesa County:
    - Mesa County Government- Day Treatment Programs, Co-Responder, Law Enforcement Assisted Diversion (LEAD)
    - Riverside Education Center- After-School Programming for At-Risk Youth
- Pueblo County:
    - Crossroads Turning Point- Early Intervention Drop-In Center
    - Pueblo County Government: Co-Responder Services, Law Enforcement Assisted Diversion (LEAD), Bi-Lingual Court Interpreter
    - Southern Colorado Harm Reduction Alliance- Drop-in center offering case management, harm reduction supplies, peer support
- Summit County:
    - Summit County Sheriff's Office- Co-Responder Services

Table 3: SB 22-196 Spending Overview

SB 22-196	Total (in millions)	Reverted (in millions)	Expended (in millions)	Encumbered (in millions)	Unencumbered (in millions)
Criminal Justice Intervention Detection & Redirection Grant Program	$26.19	$0.00	$19.91	$6.22	$0.06
	$24.51	$0.00	$0.00	$18.98	$5.53
SB 22-196 Total	$50.70	$0.00	$19.91	$25.20	$5.59

Community Behavioral Health Continuum Gap Grant Program

Statutory Requirement: Section 27-60-504(2)(a), C.R.S.

"In its annual report to the committees of reference pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" required by section 2-7-203, the state department shall provide information

about the grant program, including information on the type of services funded with a grant award and where those services were provided."

Response:

HB 22-1281 Behavioral Health Continuum Gap Community Investment Grants ($35.00M)

This project provides grants to local governments, community based organizations and non profit organizations from programs and services along the behavioral health continuum in areas of highest need. This includes services spanning prevention, treatment, crisis services, recovery, harm reduction, care coordination, trauma recovery, trauma-informed training, transitional, supportive, and recovery housing and more. The expansion of these community based services fills critical gaps, and helps to decrease the distance or wait times experienced by Coloradans attempting to access behavioral health services.

Return on Investment: As of June 2024, 6,139 individuals were served through these program expansion initiatives.

Project overviews and locations:

1. Boulder County Community Services: Purchasing a home for recovery services, involving housing search efforts, working with neighborhood groups and government partners, and hiring staff for home-based services. Expand treatment services.
2. Out Boulder (dba Rocky Mountain Equality): Offer LGBTQ+ competent therapy sessions, connecting clients with providers, and providing case management to Colorado residents outside of Boulder County, focusing on Northern Colorado. Expanding virtual support and therapy groups for LGBTQ+ populations. Providing behavioral health services for BIPOC LGBTQ+ community members through non-traditional means like nature-based programming.
3. The Counseling and Education Center: Purchase and remodel a building to expand trauma-informed behavioral health services. Plans include opening a second counseling center in Orchard Mesa, Mesa County.
4. City of Alamosa and Tribe Recovery and Redpoint: Contract with an engineer for housing unit construction, including 19 affordable housing units with 15

one-bedroom ADA units and 4 two-bedroom units. SLV Housing Coalition will manage the property, prioritizing applicants exiting homelessness, the justice system, and those below 80% AMI, with a focus on active participation in voluntary support services from SLV Behavioral Health Group.

5. Community Health Initiatives: Expand the FOCUS prevention/intervention curriculum to up to 225 families in four additional counties: Moffat, Rio Blanco, Gunnison, and Montrose. The program includes direct contact with 500 key community members and aims to reach several thousand more through social media platforms.
6. Cross Purpose: Provide staffing for the CrossPurpose clinical program in Arapahoe, Denver, and Jefferson counties by hiring clinicians, a clinical supervisor, administrative staff, and a spiritual development officer to address substance use and mental health issues.
7. CU Denver (Regents of UC): Implement a new approach where mental health patients are assigned to either a Physical Health or Mental Health Track, with further assessment for acuity. Introducing a new Outpatient Crisis Clinic for low acuity patients and specialized inpatient services for high acuity cases, including the Acute Stabilization Unit. Enhancing safety and care by redesigning patient flow and facilities, along with recruiting and training key clinical staff to support this comprehensive, split-flow model of care.
8. Culinary Hospitality Outreach and Wellness (CHOW): Outreach to workplaces will provide educational materials on mental health and substance use disorders, along with resources for managers and employees. Peer support meetings, available in multiple formats and languages, will be held weekly for industry workers. Mental Health Amuse and QPR suicide prevention trainings will be offered, along with Narcan administration training.
9. Douglas County: Partner with various organizations, Douglas County will offer Mental Health First Aid (MHFA) training targeted at adults, rural communities, and transition-aged youth. The National Council for Mental Wellbeing will provide custom training sessions, including instructor training for local staff.
10. Hard Beauty Foundation: Expand access for recovery coaching and counseling beyond the funded regions, offering education, support, and referrals for higher levels of care. Funding will support in-person programming, expand services to include recovery housing for pregnant and parenting women, and provide coaching and clinical mental health services.

11. La Clinica Tepeyac: Expand integrated services to provide behavioral health screening during medical visits, with referrals for further care as needed. The clinic will offer individual, group, family, and couple's therapy, including a sliding-fee scale and a new no-cost group therapy model with free dinner and psychoeducational sessions. A screening tool will be used to address social determinants of health and guide patients to needed resources, while also offering financial assistance for transportation. Funding will support additional training for behavioral health professionals, including specialized therapy for patients with PTSD, particularly among the immigrant and refugee population.
12. La Puente Home Inc: A new Family Coach position will be created to increase child well-being through family engagement, focusing on home visits to reinforce positive parenting and behavioral management. The role will help stabilize households by addressing critical expenses that could lead to homelessness, loss of employment, or other crises, thus reducing additional stress on children. This position will allow the program to take on more children while maintaining appropriate staff-to-child ratios, supporting trauma-informed care and improving social-emotional health outcomes.
13. Servicios de la Raza: A culturally and linguistically responsive behavioral health program will onboard five bilingual therapists and two bilingual clinical case managers to provide tailored services for low-income Latino clients. The program offers individual, couples, and family counseling, group therapy, substance misuse education, and wraparound services.
14. Mental Health Partners of Boulder: A new psychiatric urgent care clinic will be implemented to fill a service gap, offering psychiatry, nursing, medication injections, comprehensive assessments, care coordination, brief counseling, and short-term therapeutic services. The project will develop the care model, staffing, and evaluation plans, aiming to serve 50 clients per month initially, with a focus on increasing access for under-resourced populations and reducing barriers to care.
15. Mile High Behavioral Healthcare: Expand and enhance trauma-informed, evidence-based services across five key areas: SUD/COD treatment, recovery support, harm reduction, trauma recovery, and recovery residences. The expansion includes adding a new ketamine treatment option for treatment-resistant depression, expanding adolescent mental health care, and providing trauma-informed care with additional staff training. Funding will also

support renovations to recovery residences, increasing capacity to serve women and their children.

16. The Heath Partnership (NW CO Health Partnership): Sustain and expand community recovery services, including peer recovery support, Clean and Sober events, Fentanyl/Narcan trainings, and the Recovery Friendly Workplace Initiative, with a focus on Latinx, LGBTQIA+, and incarcerated populations. The program aims to improve access to recovery resources, increase community awareness, and reduce stigma around substance use disorder.
17. Northwest Colorado Health (NW CO Visiting Nurse): The Behavioral Health Integration Specialist (BHIS) position aims to increase access to behavioral health care in rural communities by supporting a role that facilitates same-day behavioral health visits, triages patients, and connects them to necessary services. The position will enhance clinical capacity, focus on integrated care, and address behavioral health needs regardless of patients' economic circumstances or insurance status. Key goals include increasing behavioral health encounters, improving staff retention, ensuring high patient satisfaction, and enhancing screening and follow-up for depression.
18. River Valley Family Health Center (Olathe): River Valley Family Health Center (RVFHC) will enhance its behavioral health services by hiring a Behavioral Health Director and a Behavioral Health Provider, focusing on unbillable activities like supervision, program development, and services for uninsured patients. The center will expand mental health services for youth by training a staff member as a certified Youth/Adolescent Behavioral Health Counselor and equipping the new Delta clinic with play therapy resources. To reduce overdose deaths, Narcan *kisoks* will be installed at two clinic locations.
19. Hazelbrook Community Center (Paradigm One): ParadigmONE will relocate to a larger facility to expand its behavioral health services, addressing the increased demand due to the pandemic and the rise of substances like fentanyl. The new space will house a centralized resource hub offering peer recovery coach certification, computer access for educational and vocational resources, and wraparound services, including re-entry support, case management, and wellness programs. Peer Navigators will provide same-day support, assist clients in accessing various services, and collaborate with partner agencies to host resource fairs. The expansion includes renovating the new building, recruiting and training staff, and increasing community outreach and engagement to meet the behavioral health needs of the Aurora community.

20. Paragon Behavioral Health Connections and Partners: A trauma-informed framework will enhance client engagement and staff wellness. Peer support professionals will expand services in low-income and rural areas, increasing access to behavioral health care. Behavioral health services will be provided outside clinical settings, with added 24/7 crisis support.
21. ARTS (Addiction Research + Treatment Center): A new treatment model will support up to 25 adult males at a facility offering assessments, therapy, case management, mental health services, and transitional housing. The program will involve a comprehensive team including directors, counselors, peer specialists, and medical professionals.
22. Front Range Clinic (Rocky Mountain Clinics): The expansion will offer outpatient treatment, withdrawal management, counseling, and psychiatric services at a new Denver facility. The focus is on providing seamless support for individuals transitioning from residential care and engaging those unable to access residential treatment.
23. Springs Rescue Mission: Enhance support for homeless clients with trauma and substance use disorders will include comprehensive recovery services on-site. Clients transition from emergency services to a structured program with targeted interventions in housing, health, and employment. Services include case management, SUD treatment, job training, and shelter, all on the same campus to reduce barriers. The initiative aims to serve more individuals, increase engagement in recovery programming, and graduate clients to sustainable living. Additional staff will be hired, and new beds and equipment will be purchased to accommodate the expanded services.
24. Stride Sober Living and Clean Slate Recovery: Clean Slates and Stride Sober Living provide 24/7 recovery support and safe housing for individuals, focusing on those who are unhoused or involved in the justice system. The project aims to double the number of individuals served, increase recovery coaching access, establish a new recovery residence, and enhance staff training and funding efforts.
25. Summit Community Care Clinic: Implementation of a new Electronic Health Record (EHR) system to improve integrated care across behavioral health, medical, and dental services. This initiative will enhance operational efficiency, expand service capacity, and improve data reporting. Key steps include a performance assessment, selecting a project management company, conducting a needs assessment, selecting and implementing a new EHR, and

training staff. The transition to the new EHR system is expected to be completed by December 2024.

26. Summitstone Health Partners: Enhance crisis response and increase access to behavioral health treatment. The hub will provide 24/7 virtual and in-person services, including mobile crisis response, urgent care, and MAT services, while coordinating with local emergency services. Key initiatives include hiring mobile crisis clinicians, establishing consultation services, purchasing secure transport vehicles, and implementing a patient safety monitoring system at the new 64-bed acute care facility. The project aims to improve crisis management and divert individuals from emergency departments and jails.
27. The Naloxone Project: Funds will be used to expand naloxone education and distribution efforts across Colorado, targeting hospitals, EMS, law enforcement, and rural health clinics. Efforts include enrolling all 48 birthing hospitals in the MOMs initiative, increasing naloxone distribution in emergency and surgical units, expanding the "Leave Behind" program, and improving data collection and cultural competency.
28. University of Colorado Health: Expansion of Virtual Behavioral Health Center to provide 24/7 on-demand access to behavioral health services, enhancing crisis response and care coordination across the system. The initiative includes the integration of a remote monitoring tool to support patients with behavioral health conditions, aiming to reduce emergency department visits and law enforcement interventions. The focus will be on increasing access to services, particularly in rural and underserved areas, through the development of workflows, hiring of staff, and expansion of services across various facilities.
29. Young People in Recovery: Consultant will be contracted to create a "road map" for obtaining licensure and establishing Medicaid billing for recovery support services. The consultant will outline tasks for licensure and billing, draft required policies, guide the application process, and provide best practices for implementation. Following licensure, a separate vendor will be engaged to implement Medicaid billing processes.

HB 22-1281: Children Youth and Family Behavioral Health Services Grants ($40M)

Provides grants to non profits and local governments to expand behavioral health services for children, youth and families and address acute, complex or severe behavioral health

problems. Uses includes establishing and operating CYF-oriented care "access points" located within a two-hour drive of every community co-located with behavioral health treatment facilities or family resource centers, establishing navigation and coordination services, expanding evidence-based/informed behavioral health treatment (including SUD treatment, intensive outpatient services with wraparound care, and caregiver interventions), and capital expenditures for treatment services.

Return on Investment: As of June 2024, 10,212 unique individuals have been served by new or expanded programs funded by these grants.

Project overviews and locations:

1. Advocates for Children CASA: Parker; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; Collaborative Management Project - improve care access, navigation, and coordination with family advocates.
2. All American Families dba Families Plus: Delta; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder treatment, for children, youth and families; new EHR and BH service expansion.
3. Blue Channel Therapy: Arvada; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; BH services for CY and non-English speakers, including early childhood, trauma, and EBPs.
4. Boulder Pride dba Out Boulder County: Boulder; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; increased LGBTQ+ therapy services and connections with providers, management support, support groups, geographic expansion, basic needs support, secondary prevention programming, parent and family services, and an EHR.
5. Child and Family Therapy Center of Denver, LLC: Arvada; Establishing or expanding intensive outpatient services, including high fidelity wraparound, youth mobile response and expanded caregiver interventions; expand play and expressive therapies, ABA, MEM, SUD, and HFW.

6. Children's Hospital Colorado: Aurora; Capital expenditures related to providing the treatment and services described above; Emergency Department Redesign and Transformation.
7. Children's Hospital Colorado: Aurora; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; Clinical Care Transitions for High Acuity Mental health Patients.
8. Conifer Counseling and Therapy Services, Inc.: Conifer; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; community prevention program with EBP BH services including groups and events.
9. Denver Health and Hospital Authority: Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; three LCSWs will provide EBP in-home family therapy, case management, and psychiatric consultation program serving about 135 youth per year in perpetuity.
10. Douglas County: Castle Rock; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; AFFIRM training through Community Response Team and parent support groups.
11. Douglas County Government: Castle Rock; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; develop youth care compact to provide multi-agency care coordination.
12. Eagle Valley Behavioral Health: Vail; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; community youth center staffing and operations, care navigation and coordination, peer support for LGBTQ+ youth, EBP services, and a 28-bed (14 youth/14 adults) inpatient psychiatric facility.
13. FullCircle Program, Inc. dba Colorado FullCircle: Denver; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; becoming a Medicaid RCCO, expanded office space, same day access appointments, peer and family specialists, and SUD treatment.

14. Gunnison County: Gunnison; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; expand navigation services for BH for non-English speakers and low-income and non-Medicaid, and Newcomers and expand caregiver interventions through Parents and Teachers home-visitation program, psychoeducation, and Blue House renovations.
15. Health Solutions: Pueblo; Establishing and operating a children oriented, youth oriented, & family oriented care access point that is physically connected to a family resource center, or a facility that provides behavioral health care treatment;rehabilitate two buildings to create The Family Center.
16. Illuminate Colorado: Denver; Establishing and operating a children oriented, youth oriented, & family oriented care access point that is physically connected to a family resource center, or a facility that provides behavioral health care treatment; Circle of Parents, family support and navigation, illuminating child care, and youth thrive.
17. Jefferson Center for Mental Health: Wheat Ridge; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; Jefferson Hills CSU and day treatment EHR, program expansion and enhancement, and staff incentives.
18. Kingdom Builders Family Life Center: Colorado Springs; Establishing and operating a children oriented, youth oriented, & family oriented care access point that is physically connected to a family resource center, or a facility that provides behavioral health care treatment; My Brother's/Sister's Keeper DV program, Project Right Direction for high-risk youth, including 24/7/365 crisis hotline, care management, groups, referrals, benefits assistance, and an educational program.
19. Kit Carson County Department of Public Health and Environment: Burlington; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; expand community based BH program, mobile unit, groups.
20. Mental Health Center of Boulder County, Inc. dba Mental Health Partners: Lafayette; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; youth IOP, intensive home-based therapy and navigation, and community based prevention.

21. Metro Community Provider Network dba STRIDE Community Health Center: Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; psychiatric provider consultant and telehealth.
22. Mile High Council on Alcoholism and Drug Abuse dba Mile High Behavioral Healthcare: Aurora; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; expand SUD and co-occurring MH services at Family Resource Center including various therapy modalities, space renovation, and SBIRT and ASAM.
23. Pediatric Care Network - Children's Hospital, LLC: Aurora; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; care navigation supported by clinical services as needed, resources and referrals.
24. Raise the Future (formerly The Adoption Exchange): Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; Trust-Based Relational Intervention - expand family support services, staffing, training, and becoming a Medicaid biller.
25. Resilience 1220, Inc.: Evergreen; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; up to 5-10 EBP-based individual therapy sessions for youth with psychiatric or psychological consulting and other resources as needed.
26. Telluride School District: Telluride; Establishing or expanding children oriented, youth oriented, & family oriented behavioral health care navigation and coordination services; behavior techs and clinicians including bilingual services.
27. Tepeyac Community Health Center (La Clinica): Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; build capacity of behavioral health team in an integrated setting to include screening, therapy, care coordination, navigation, and resources.
28. The Aspen Effect: Castle Rock; Establishing or expanding intensive outpatient services, including high fidelity wraparound, youth mobile response and expanded caregiver interventions; increase youth mentoring programs centered around animals.

29. Thriving Families: Denver; Capital expenditures related to providing the treatment and services described above; improve maternal and infant MH outcomes with three existing EBP programs focused on BIPOC with in-person and telehealth services including peers, providers, and office expansion.
30. University of Colorado dba Addiction Research and Treatment Services: Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; expand ARTS Synergy SUD services for youth using MST-SA, CM, DBT, SS, and other EBPs.
31. University of Colorado Health: Aurora; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; expand youth and family-oriented BH care services for acute, complex, or severe BH conditions, including IOP, telehealth, caregiver support, DBT, CBT, etc.
32. Weld County Department of Human Services: Greeley; Establishing or expanding intensive outpatient services, including high fidelity wraparound, youth mobile response and expanded caregiver interventions; wraparound.
33. Youth Seen: Denver; Expanding evidence-based or evidence-informed behavioral health care treatment, including substance use disorder (SUD) treatment, for children, youth, and families; LGBTQ+ BIPOC youth MH services.

HB 22-1281 Project Name	Total (in millions)	Reverted (in millions)	Expended (in millions)	Encumbered (in millions)	Unencumbered (in millions)
Behavioral Health Continuum Gap Community Investment Grants **	$22.90	$0.00	$15.91	$6.69	$0.31
	$12.10*	$0.00	$0.00	$6.38	$5.72
Children Youth and Family Behavioral Health Services Grants	$19.90	$0.00	$18.23	$1.64	$0.03
	$20.10*	$0.00	$0.00	$15.54	$4.56
HB 22-1281 Total	$75.00	$0.00	$34.14	$30.25	$10.62

*Denotes general funds following HB 24-1466 refinance.

**Does not include Behavioral Health Continuum Gap Community Investment Grant for capital project, appropriated by HB 24-1176, which allocated an additional $4M GF for a single capital project. This award was announced in December 2024.

High-Fidelity Wraparound Services for Children and Youth

Statutory Requirement: Section 27-62-102(1), C.R.S.

> *"Pursuant to section 25.5-5-803 (4), the BHA shall work collaboratively with the department of health care policy and financing, counties, and other relevant departments, as appropriate, to develop and oversee wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. As part of routine collaboration, the BHA shall assist the department of health care policy and financing in developing a model of sustainable funding for wraparound services. The BHA and the department of health care policy and financing shall monitor and report the annual cost savings associated with eligible children and youth receiving wraparound services to the public through the annual hearing, pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2."*

Response: At this time, no cost savings can be calculated or reported, as this benefit was not available in FY 2023-24.

SB19-195 directed the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) to work collaboratively to provide Medicaid-covered wraparound services for children and youth at risk of out-of-home placement or who are currently in out-of-home placement. As a result of COVID-19 driven budget reductions in 2020, funding for the program was eliminated by HB20-1384. This delayed the implementation of the benefit. Funding was partially reinstated by the 2021-22 long bill, and implementation was set for 2025. Implementation is on track, and the benefit is expected to launch in July 2025. A five year phased approach to expanding populations eligible for the benefit is also being developed. BHA and HCPF will continue to collaborate on methods to track this data for reporting in FY2025-26, upon implementation of the benefit.

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988 Crisis Hotline

Statutory Requirement: Section 27-64-105(1), C.R.S.

> *"Beginning January 1, 2023, and each January 1 thereafter, the BHA shall:...*

(b) Report progress on the implementation of the 988 crisis hotline, including the usage of the 988 crisis hotline, the services provided, and the deposits and expenditures from the 988 crisis hotline cash fund as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203."

Response: 988 is the easy to remember number that immediately connects anyone experiencing emotional distress, mental health challenges, or substance use concerns with a trained specialist who will listen without judgement. 988 is free, confidential, and available 24/7. 988 is now active across the United States. This new, shorter number will make it easier for people to remember and access mental health crisis services. Since January 2023, Colorado has answered more than 270,000 988 calls, 27,000 text messages, and 13,000 online chats through 988.

Table 4: Total Answered Incoming Activity

Total Answered Incoming Activity	988 Calls	988 Text	988 Chat
Jan 23 - Dec 23	116,856	13,956	8,191
Jan 24 - Aug 24*	157,137	13,436	5,193

*Note that 2024 data is only available through August currently

Marketing Wins/Highlights

The 988 Communications Team, in collaboration with marketing vendor Amelie Company and community engagement vendor E Squared Solutions (SE2), worked in tandem this last year to launch a new 988 Colorado Mental Health Line marketing awareness and outreach campaign across the state of Colorado. This effort was funded through a combination of sources including, $2 million from SAMSHA, $600,000 from the 988 Enterprise Board, and $450,000 from state cash funds, totaling $3.05 million in funds.

Campaign efforts launched in the summer of 2024. Audiences included Coloradans 18 years of age and older, with additional key audiences including LGBTQIA2S+, Latinx and Spanish Speaking, Black Americans, Asian Americans, Rural/Frontier and Mountain Residents, Young Adults (18-24), Older Adults (55+), American Indian/Alaska Native, and New Americans.

Strategic and tactical elements of the awareness and outreach campaign included research to gauge public awareness of crisis line services. Branding efforts included building on the research to create a unique brand look and feel for 988 in English and Spanish. This was

applied to the 988Colorado.com website, collateral, and robust media buy creative that included, out-of-home billboards, bus shelters, mobile transit, posters, and food truck advertising as well as digital elements including social media, retargeted ads, streaming radio, keyword ad buys, videos, and influencers ads.

Additional efforts included launching social media strategies, including TikTok, Instagram, Facebook, and YouTube, as well as a partnership with the Colorado Rockies, statewide PR outreach in English and Spanish, and partnering with more than 40 community organizations across the state of Colorado.

While the 988 marketing and communications outreach campaign has only been in the market for just over half of the year in 2024, it has still been able to generate impressive impressions and reach through its media campaign. After launching, it generated more than 131M impressions through a paid media campaign, 4M impressions through social media, 1.2M English-language PR impressions, 1.1M-Spanish language PR impressions, and 96K hits to the campaign website. A partnership with the MLB Colorado Rockies baseball team generated an astonishing 823,880 impressions by having visibility at the stadium, PSAs, and messaging outside the stadium as well.

Community outreach tactics also generated a high level of awareness by partnering with 43 community outreach grantees that attended 172 events across 21 Colorado counties, generating 9,651 digital engagements through 340 social media posts, reaching 32,198 individuals in person and distributing 44,120 materials at events.

The next year of communications and marketing efforts will focus on continuing to build more awareness and trust in connection to the 988 Colorado Mental Health Line, as many Coloradans are still using the Colorado Crisis Line at high rates given it has been in use for more than 10 years. Expanded outreach will also include amplified strategies to reach Colorado youth.

Based on campaign feedback, messaging will include more efforts in communicating that the 988 Colorado Mental Health Line is a safe number to call, is non-judgemental, and discreet. It will also highlight that callers will be connected with trained specialists who are culturally and linguistically competent, ensuring that individuals with diverse backgrounds are treated with respect and understanding.

988 Enterprise Cash Fund Deposits and Expenditures CY 2023

Table 5 - CY 2023 Deposits to the 988 Crisis Hotline Cash Fund

Service Type	Deposits ($)
Wireline	$1,489.075.75
Wireless	$16.560,197.58
Prepaid Wireless	$2,357,237.84
Voice Over Internet Protocol (VoIP)	$3,009,970.53
Other - Interest	$390,461.00
Total	$23,806,942.70

Table 6 - CY 2023 Expenditures from the 988 Crisis Hotline Cash Fund

Expenditures	$10,531,142.19

High-Acuity Crisis for Children & Youth

Statutory Requirement: Section 27-64.5-102, C.R.S.

> *Notwithstanding section 24-1-136 (11)(a)(1), Beginning January 2025, and each January thereafter, the state department shall report progress on the development and implementation of the system of care developed pursuant to this section to the house of representatives health and human services committee and the senate health and human services committee, or their successor committees, during the hearings held pursuant to the "SMART Act", part 2 of article 7 of title 2.*

Response: The act requires the Department of Health Care Policy and Financing (HCPF), in collaboration with the Behavioral Health Administration (BHA) and the Department of Human Services (CDHS), to develop a system of care for children and youth who are less than 21 years of age and who have complex behavioral health needs. At a minimum, the system of care must include:

- Implementation of a standardized assessment tool;
- Intensive-care coordination;
- Expanded supportive services; and
- Expanded access to treatment foster care.

In addition, the act requires BHA to:

- Promulgate rules related to the system of care
- Increase the minimum reimbursement rates paid to Qualified Residential Treatment Programs in partnership with CDHS for the purpose of aligning room and board payments across payer sources
- Reimburse Qualified Residential Treatment Programs (QRTP) providers for the cost of room and board for children and youth who are eligible for the state medical assistance program but not in the custody of a county child welfare agency to help eliminate the need for youth to enter the child welfare system solely to access room and board funding
- Partner with HCPF on the creation of an Enhanced Standardized Assessment process, intensive care coordination through High Fidelity Wraparound, and the provision of other supportive services in the system of care for high acuity youth

In addition, HCPF is responsible for:

- Develop and convene a Leadership Team responsible for decision-making and oversight of the system of care for children
- Develop and convene an Implementation Team to create a plan to implement the system of care for children
- Perform an actuarial analysis to determine the appropriate Medicaid reimbursement rate for psychiatric residential treatment facilities
- Create a plan to increase access to Treatment Foster Care

Steady and significant progress has been made toward these initiatives, detailed below. BHA has consulted consistently with HCPF on a statewide system of care, beginning in the fall of 2023. Much of this work overlaps with HCPF's work in progress for the GA v. Bimestefer Settlement Agreement; in addition, much of this work has been 'trailblazed' by BHA programs on a smaller scale, including the FFPSA Independent Assessment program, the COACT System of Care High Fidelity Wraparound program, and the Child and Youth Mental Health Treatment Act. This prior experience has provided BHA with the unique ability to consult on implementation and expansion toward a statewide system of care. At the time of this report, BHA is on target to meet all required legislative deadlines related to this act.

Background

A system of care structure is designed to serve children with high acuity behavioral health needs. The system utilizes an intensive care coordinator to bring together all the providers, agencies, and organizations working with the child's family along with the family members themselves. The coordinator serves as a resource for the family in navigating different systems (health and non-health systems) and centralizing the varying treatment plans across agencies. It is an evidence-based approach that

reduces unnecessary emergency department visits, out-of-home and out-of-state placements, length of time spent outside of the home, re-entry into higher levels of care and involvement in the juvenile justice system.

In addition to those served under a system of care, there are children and youth who need residential treatment services to meet the acuity of their behavioral health needs. In Colorado, facilities that deliver these services are licensed as Qualified Residential Treatment Programs (QRTP) and Psychiatric Residential Treatment Facilities (PRTF). These facilities must be appropriately resourced to adequately serve children and youth with complex and acute behavioral health needs.

C.R.S. 27-64.5-102 outlined the components necessary to establish a system of care, specifically the need for a robust assessment tool and intensive care coordination. It states that "(1) No later than July 1, 2024, the Behavioral Health Administration, in collaboration with the State Department and the Department of Health Care Policy and Financing pursuant to part 20 of article 6 of title 25.5, shall begin developing a system of care for children and youth who have complex behavioral health needs. At a minimum, the system of care must include:

a) Implementation of a standardized assessment tool that:

(i) Expands upon and modifies the assessment tool described in Section 19-1-115 (4)(e)(i);

(ii) Makes recommendations regarding the appropriate level of care necessary to meet the child's or youth's treatment needs;

(iii) Informs the child's or youth's treatment planning, including behavioral health programming and medical needs; and

(iv) Is administered to children and youth who are enrolled in the Medical Assistance Program or any child or youth who meets the referral requirements established by the Behavioral Health Administration pursuant to Article 64.5 of Title 27;

(b) Intensive-care coordination for children and youth enrolled in the state medical assistance program pursuant to articles 4, 5, and 6 of title 25.5;

(c) Expanded supportive services for children and youth pursuant to subsection (2) of C.R.S. 27-64.5-102; and

(d) Expanded access to treatment foster care, as defined in Section 26-6-903."

"**(2)** No later than October 1, 2024, the BHA shall promulgate rules in collaboration with the state department and the Department of Health Care Policy and Financing for the administration and implementation of the system of care for children and youth. At a minimum, the rules must address:

(a) The populations eligible for the system of care components;

(b) Mechanisms for determining eligibility for participating in the system of care; and

(c) Requirements for residential treatment providers to obtain cultural competency related to the provision of services under a system of care."

Progress and Next Steps

The progress of the system of care efforts are as follows:

Standardized Assessment

A statewide Standardized Assessment tool will create uniform standards to identify children and youth who need more intensive services, as well as the most appropriate services based on the youth's needs. A quality Standardized Assessment tool will also assist in highlighting not only the needs, but the strengths of the child, youth, and family. The CANS is a standardized assessment tool used to evaluate the needs, strengths, and challenges of children and youth, and assists with team consensus, treatment planning, and appropriate service recommendations for children and youth. The Enhanced Standardized Assessment will include both the Standardized Assessment narrative template as well as the updated Colorado-specific CANS assessment tool.

Updated Status:

- HCPF and BHA have partnered to develop a Standardized Assessment tool. The Standardized Assessment tool will expand the assessment tool used to inform Qualified Residential Treatment Program (QRTP) placement decisions as outlined in C.R.S. 12-1-115(4)(e) and 10 CCR 2505-10-8.765. The Standardized Assessment will:
    - Include a robust biopsychosocial assessment and use of Colorado's Child and Adolescent Needs and Strengths (CANS) tool.
    - Be used to make recommendations on appropriate level of care;
    - Inform individualized treatment planning;
    - Will create statewide, uniform standards to determine which youth require more intensive services;

    - This Standardized Assessment will be ready for use on July 1, 2025, and is incorporated in the referral requirements established by BHA pursuant to Article 64.5 of Title 27.
    - BHA and HCPF are developing training for providers on the Standardized Assessment that will be available on BHA's Learning Management System.
- HCPF has executed a contract with the University of Kentucky to enhance the current Colorado-specific CANS tool to be used statewide. The work with UK will:
    - Make updates to the assessment outlined in C.R.S. 12-1-115(4)(e)(I),
    - Make recommendations for the appropriate level of care for the youth
    - Will assist with treatment planning.
    - Will be a partnership with BHA and include RAE, BHASO, county, behavioral health providers, and community members' representation.

Next Steps:

- Complete policy guidance on the implementation of the standardized assessment by April 1, 2025. This will include BHA, in partnership with HCPF and CDHS, will begin an expansion of Standardized Assessment for child welfare and DYS population.
- Training modules for Standardized Assessment will go live by June 30, 2025.
- Complete upgrades of the current CANS tool by June 30, 2025.
- Make any necessary upgrades to the ACC 3.0 contracts by July 1, 2025.

Intensive Care Coordination

Intensive Care Coordination (ICC) is a more intense approach to traditional care coordination that involves coordination of services, authorization of services, and continuous monitoring of any treatment and services. It is an intensive service provided by care coordinators with enhanced clinical training. The intensive care coordinator works with the family and youth to bring together all providers, agencies, and supports working with the family, along with the family members themselves. The coordinator navigates resources, services, and treatment and maintains a centralized treatment plan that all providers and the family have input into, and to which all are held accountable.

Updated Status:

- BHA joined those conversations beginning in fall of 2023, with their experience administering the system of care COACT grant that provided HFW in several communities across the state.
- HCPF contracted with a national consultant and identified two models of intensive care coordination that are in alignment with the National Wraparound Implementation Center (NWIC) standards:
    - High Fidelity Wraparound (HFW) and
    - Families Experiencing Meaningful Connections, Outcomes, Coordination, Unconditional Positive Regard, Short-Term Process (FOCUS).

Next Steps:

- BHA will utilize the NWIC model for HFW as well, beginning in July 2025.
- BHA and HCPF will braid funding in order establish a Workforce Capacity Center to train the HFW workforce statewide and to monitor fidelity to the model.
- Collaborate with HCPF on a plan to incorporate FOCUS as a second intensive care coordination service in future fiscal years.
- Establish an organization that will serve as the workforce-capacity center training hub for both HFW and FOCUS by March 1, 2025, and create the necessary SOW and contracts.
- Update BHASO contracts as needed for HFW and Standardized Assessments to ensure these activities are provided by the BHASOs on July 1, 2025.

Supportive Services (Children's Habilitative Residential Program Eligibility Expansion)

Children and youth with complex needs require appropriate clinical interventions to meet those needs, and these interventions should be partnered with necessary supportive services. These supportive services assist the youth and family with engaging in treatment and increase the effectiveness of clinical interventions.

Updated Status:

- HB 24-1038 specifies that "No later than January 1, 2025, the State Department shall seek federal authorization to expand the residential child health-care program established pursuant to Section 25.5-6-903 to include children and youth who have a serious emotional disturbance that puts the child or youth at risk or in need of out-of-home placement."
- Children or youth will need to meet criteria for inpatient psychiatric hospital level of care in order to access these waiver services.
- CHRP waiver services and provider types will not change; this aligns BHA, CDHS, and HCPF in serving high-acuity youth.

- HCPF has received the federal authority to implement this expanded eligibility criteria in the CHRP waiver.

Next Steps:

- Make any necessary changes to the BHASO contracts prior to July 1, 2025, to ensure all eligible children's activities are provided.

Treatment Foster Care Expansion

Treatment Foster Care settings are critical to providing family-like settings to children who have behavioral health needs. Outcomes for children are stronger when family-like settings are available with the appropriate level of treatment.

Updated Status:

- BHA is collaborating with HCPF to determine potential opportunities for adding treatment foster parents as a Qualified Behavioral Health Aide provider type.
- BHA assisted in the reviewing of the plan to increase access to treatment foster care.

Next Steps:

- If it is determined that it is feasible and reasonable for treatment foster care providers to be Qualified Behavioral Health Aides (QBHA), BHA will work with HCPF and their partners in the workforce pipeline to execute any action items necessary to train and certify treatment foster care providers as a QBHA.

System of Care and Advisory Committees

HCPF established both the Implementation Advisory Committee and the Statewide Leadership Committee. These committees will meet at a regular cadence and with all statutorily mandated positions filled.

Updated Status:

- In October of 2024, BHA participated in HCPF's first System of Care Leadership Advisory Committee, and will continue on a quarterly basis.
- In November 2024, BHA participated in HCPF's first Intensive Behavioral Health Services Implementation Plan Advisory Committee, and will continue participation on a bi-monthly basis.

- BHA has participated in many other system of care-specific, meetings beginning in the fall of 2023, including:
    - Implementation Plan Leadership Team;
    - Intensive Community & Home-Based Services Implementation Plan Team
    - Data and Monitoring Workgroup
    - Benefits Design Workgroup
    - Pathway to Care (Assessments and Population Scope) Workgroup
    - Workforce and Clinical Practice Standards Workgroup
    - the FOCUS and HFW Implementation meeting;
    - the HFW Medical Necessity and Provider Quals workgroup;
    - and also participated in HCPF's 2024 Implementation Plan 2-day in-person retreat.

Next Steps:

- The Leadership Committee will meet again on Thursday, February 13th from 1:00-2:30 pm. This meeting will walk through the proposed system of care services and gather advice on the proposed next steps the Department wants to take for Phase 1.
- For the third Leadership Committee meeting in Spring of 2025, the committee will be presented with the system of care model HCPF has proposed and will gather feedback and advise on the implementation plan in the spring 2025 meeting.
- The Implementation Committee will meet every other month, with the next meeting tentatively scheduled for January 16th.
- BHA will continue to consult with HCPF on the development of the system of care indefinitely, as partnership for success depends on state departments working collaboratively, similar to a system of care philosophy.

System of Care Rule Promulgation

In collaboration with HCPF and CDHS, BHA drafted Administrative Rules for the administration and implementation of the system of care for children and youth who have complex behavioral health needs. Pursuant to C.R.S. 27-64.5-102, the draft rules create a Standardized Assessment process to determine eligibility for the system of care. To ensure children and youth with complex behavioral health needs are not excluded from accessing the system of care based on a disability or diagnosis, the draft rules include broad eligibility criteria- youth under the age of 21 who are determined eligible by the Standardized Assessment process. The draft rules also set forth requirements for residential treatment providers to obtain cultural competency related to the provision of services.

Updated Status:

- On September 16, 2024, BHA entered a period of rule promulgation and published the draft Administrative Rules to its website.
- Between September 19th, 2024 and December 9, 2024, BHA held seven virtual public feedback sessions and ten in-person public feedback sessions (Aurora, Colorado Springs, Fraser, Frisco, Greeley, Lamar, Leadville, Montrose, Pueblo, and Steamboat Springs).
- The updated draft will be published on the BHA landing page once all are completed in January 2025. All feedback and responses will be included in the public rule-making documents submitted to the State Board of Human Services.
- BHA anticipates holding the first read of this draft rule for the State Board of Human Services by the March 2025 meeting.
- To reduce administrative burden, the required cultural competency training will be included in CDHS Residential Child Care Provider Training Academy created by C.R.S. 27-64.5-102(2). Target completion date is March 2025.
    - BHA is working in partnership with CDHS to ensure providers are able to provide culturally competent services after receiving certification from this Academy.

Next Steps:

- BHA, in partnership with HCPF and CDHS, will continue working with community members to design and build out the system of care to ensure it meets the needs of the community.
- BHA will continue to hold public engagement sessions and provide opportunities for feedback in several public meetings to be responsive to community needs in building the system of care.
- BHA will continuously update this section of the rules to reflect that work instead of preemptively drafting rules that govern the development of the system of care.
- BHA anticipates reviewing and updating this rule section annually to reflect this work.

QRTP Room and Board Reimbursement

In September 2024, BHA executed contracts with the Administrative Service Organizations (ASO) to reimburse Qualified Residential Treatment Programs (QRTP) providers for the cost of room and board for children and youth who are eligible for the state medical assistance program but not in the custody of a county child welfare agency.

- Through this contract, the ASOs must offer contracts to all QRTPs located within their region and match the CDHS current daily rate of $425.

- Currently, seven QRTPs have fully executed contracts in place, two are in the process of finalizing contracts, and seven have declined contracts or have not responded.
- BHA will continue to engage the QRTP providers who have declined contracts or not responded to ensure they are provided with contracts if/when they choose to.
- Beginning July 1, 2025, this scope of work will be included in the BHASO contracts.

Conclusion

BHA is on target to meet all of its statutory obligations as outlined in C.R.S. 24-64.5-102 and C.R.S. 26-5-117(11). BHA continues to partner with HCPF to overlap the requirements of C.R.S. 24-64.5-102 system of care with the work being completed for the Settlement Agreement stemming from GA v. Bimestefer.

Transition Specialist Program

Statutory Requirement: Section 27-66.5-105, C.R.S.

> *"The BHA shall report information on the community transition specialist program in the BHA's annual presentation to the general assembly required under the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", part 2 of article 7 of title 2."*

Response: The Transition Specialist Program (TSP) provides services to help individuals that have high utilization of withdrawal management services and psychiatric hospitals get wraparound services in their communities.

Upon referral to the program, the top four discharge barriers for program participants are:

- Social Needs (21.2%)
- Functional Needs (17.5%)
- Financial Needs (13.5%)
- Behavioral Health Needs (12.5%)

94.24% of clients during the year successfully re-entered the community and did not return to an institutional setting (hospital or jail). The average cost per client since the inception of the program is $3,258.17. From July 1, 2023 through June 30, 2024, the average number of referrals per quarter is 97.25, and 85.31% of clients are enrolled in Medicaid. TSP served 117 clients in FY24.

Medication Consistency for Individuals with Behavioral or Mental Health Disorders in Criminal and Juvenile Justice Systems

Statutory Requirement: Section 27-70-103(3)(a)

> *"Beginning in January 2019, and every January thereafter, the BHA and the department of corrections shall report progress on the implementation and use of the medication formulary and cooperative purchasing as part of the BHA's and department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203. The department and the BHA shall make such reports to the joint health and human services committee and the joint judiciary committee, or any successor committees."*

Response: In 2017, the Colorado General Assembly passed Senate Bill (SB) 17-019 to improve access to effective medications for people who transfer in and out of criminal justice and mental health facilities, including institutes, jails, and prisons. The legislation tasked BHA with maintaining a medication formulary, a continually updated list of both generic and brand-name prescription medications, and related cost information, representing the approved recommendations of pharmacists, physicians, and other experts. The formulary is a minimum set of medications that should be available but does not encompass all medications that may be available to an individual in custody. Using a medication formulary ensures that all patients can access the medication that works for them. By having continuous access to the same set of effective medications, including psychotropic medications, individuals are more likely to maintain mental wellness and be successful in transitioning between the criminal or juvenile justice system and mental health service providers.

The last modification to the formulary was in April 2022. At that time, the Health Care Policy and Financing's Pharmaceutical and Therapeutics Committee (P&T) met to discuss adding specific recommended long-acting injectables (for mental health and substance abuse disorders) to the formulary. This was approved and implemented. The BHA is currently working in collaboration with the Health Care Policy and Financing's Pharmaceutical and Therapeutics Committee (P&T) to update the formulary which is set to be distributed to all jails across the state of Colorado in April 2025. The BHA will leverage the Jail Based Behavioral Health (JBBS) quarterly meetings to ensure jails are adopting the most up-to-date formulary.

Cooperative purchasing efforts have not been adopted based on the initial recommendation by the BHA for jails to partner with Minnesota Multistate Contracting (MMCAP). The BHA presented opportunities for jails to partner with the agency, but several (mostly rural) jails already had a community pharmacy they partnered with that was meeting their needs. This has not been a priority for this project up to this point as jails are not identifying this as a

critical area of improvement. However, given the legislation around providing MOUD services in jails and the budgetary constraints, the BHA has been revisiting cooperative purchasing to address medication purchasing to identify strategies to support the county jails and reduce costs.

As of December 1, 2024, there are 40 jails connected to the Health Information Exchange (HIE) in Colorado. Out of the 40 county jails, 32 are contracted with Contexture and 8 are contracted with Quality Health Network (QHN). This allows jails and community providers to identify currently prescribed medications for the individual seeking care, helping to maintain medication consistency for individuals. In 2024 the two entities started the initial phase of their merger into one entity.

Looking ahead, BHA will engage in the following steps:

- Reconvening the workgroup between the BHA, Health Care Policy, and Financing, and Pharmaceutical and Therapeutics Committee to address the need to consider additional psychotropic medications to include LAIs and more cost-effective medication options.
- Meeting with Health Care Policy, and Financing to collaborate in the planning and implementation of the 1115 Waiver which will expand our efforts in the areas of medication consistency and health information exchange.
- Outreaching all medical vendors currently contracted with the jails as part of an effort to address barriers and improve consistent access
- Expansion around bidirectional information exchange and Community Resource Network (CRN), made possible by the QHN/Contexture merger

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Substance Use Disorder Services

Statutory Requirement: Section 27-80-107.5(7), C.R.S.

> *"Notwithstanding section 24-1-136 (11)(a)(I), the BHA shall report on outcomes related to the implementation of this section as part of its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203, beginning with the hearing that precedes the 2019 legislative session."*

Response: This funding from the legislature is provided directly to regional Managed Service Organizations (MSO) each year on July 1st, prior to services being delivered.

MSOs are empowered by statute to determine the best uses for these funds, relying on regional needs assessments and report to BHA on how the dollars were used annually in

September after the fiscal year ended. Collectively, they utilized $15,045,659.00 in FY 24. Throughout the state, there were approximately 50,200 Coloradoans served across a continuum of SUD programming as a result of this funding.

Table 7 - Senate Bill 16-202 Expenditures for FY 2023-24

	Remaining Balance at End of FY2022-23* ($)	FY2023-24 Budget ($)	FY 2023-24 Revised Budget after Carryover	FY2023-24 Expenditures	Remaining Balance at End of FY 2023-24* ($)
Signal Behavioral Health Network	7,354,210.63	13,384,787.00	20,738,997.63	12,169,479.43	8,569,518.20
Diversus Health	398,800.67	2,025,985.00	2,424,785.67	1,337,984.35	1,086,801.32
Rocky Mountain Health Plans	180,509.24	1,195,663.00	1,376,172.24	1,538,195.22	(162,022.98)
Total	7,933,520.54	16,606,435.00	24,539,955.54	15,045,659.00	9,494,296.54

*Funds carry over to next FY

- Signal spent $12,169,479.43 and reported the flexibility of SB 16-202 funds, which allowed them to invest in 77 unique community programs to improve access to substance use disorder treatment and services. Across SSPA regions 1,2,4, and 7 Signal reported working with 37 partners, and an estimated 43,858 people were served.
- Diversus spent $1,337,984.35 in SSPA 3, which supported 11 different community organizations that provided a variety of services to approximately 5,287 people.
- Rocky Mountain Health Plans (RMHP) spent $1,538,195.22 across SSPA 5 and 6, supporting 7 projects focused on recovery support services, WM expansion, treatment sustainability, and expansion, reaching over 1,056 people.

Highlights across all SSPA Regions:

Medication Assisted Treatment and MAT Expansion= $2,538,512

Funding was utilized across these regions to help people access MAT treatment and services. Some examples include ensuring MAT medications were covered for indigent or underinsured citizens, increasing staff to adequately serve MAT clients, marketing and outreach of OTP and OBOT clinics, jail-based MAT services and therapy, ER physician referrals for MAT, medical case management, and providing linkage to behavioral health services.

Recovery Support Services= $5,137.693

Funding paid for a variety of services including: Peer support services in residential and community-based settings, expansion of recovery services for adolescents (including prosocial activities, naloxone distribution, STI testing, and peer services), transitional housing support, recovery nurse advocation, behavioral health services for transgender and gender expansive individuals, recovery support for homeless populations, recovery housing, recovery coaching, and access to sober activities and support groups.

Withdrawal Management and Treatment Sustainability= $2,044,482

Funding was used to support new withdrawal management, expand existing programs, or to sustain programs, particularly in rural communities where satellite offices help increase accessibility to WM services and where funding from other sources is not sufficient to cover the cost of operations.

Prevention and Early Intervention= $1,702,506

Funding was utilized to strengthen school-related navigation services, increase groups in schools, support case management, and increase therapeutic engagement and academic success. Additionally, the focus on providing screening using the SBIRT tool and training on this tool has continued.

Care Coordination/Care Navigation= $1,789,490

Funding paid for various programs to provide case management and to help link people with needed services upon discharge from hospitals and WM facilities, which is especially pertinent to unhoused people, and other priority populations

On October 2, 2024, after a meticulous evaluation and rigorous objective scoring process, conducted by committees of experts and individuals with lived experience in each region, BHA issued Notices of Intent to Award to Signal Behavioral Health Network and Rocky Mountain Health Plans to provide a streamlined, seamless model of high-quality, affordable care as Behavioral Health Administrative Service Organizations (BHASOs). In FY 25, the BHA will purchase a full continuum of community mental health, substance use disorder, and crisis services from these BHASOs for adults, children, youth, and families, while working with these partner agencies to address system needs/gaps. Additionally, beginning July 1, 2025, BHASOs will be responsible for administering this funding.