

# Behavioral Health Administration

SMART Act Hearing  
Joint Health and Human Services Committee  
January 21, 2025  
Commissioner Dannette R. Smith



**COLORADO**  
Behavioral Health  
Administration

# Mission

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## Behavioral Health

Administration's mission is to co-create a people-first behavioral health system that meets the needs of all people in Colorado

# Vision

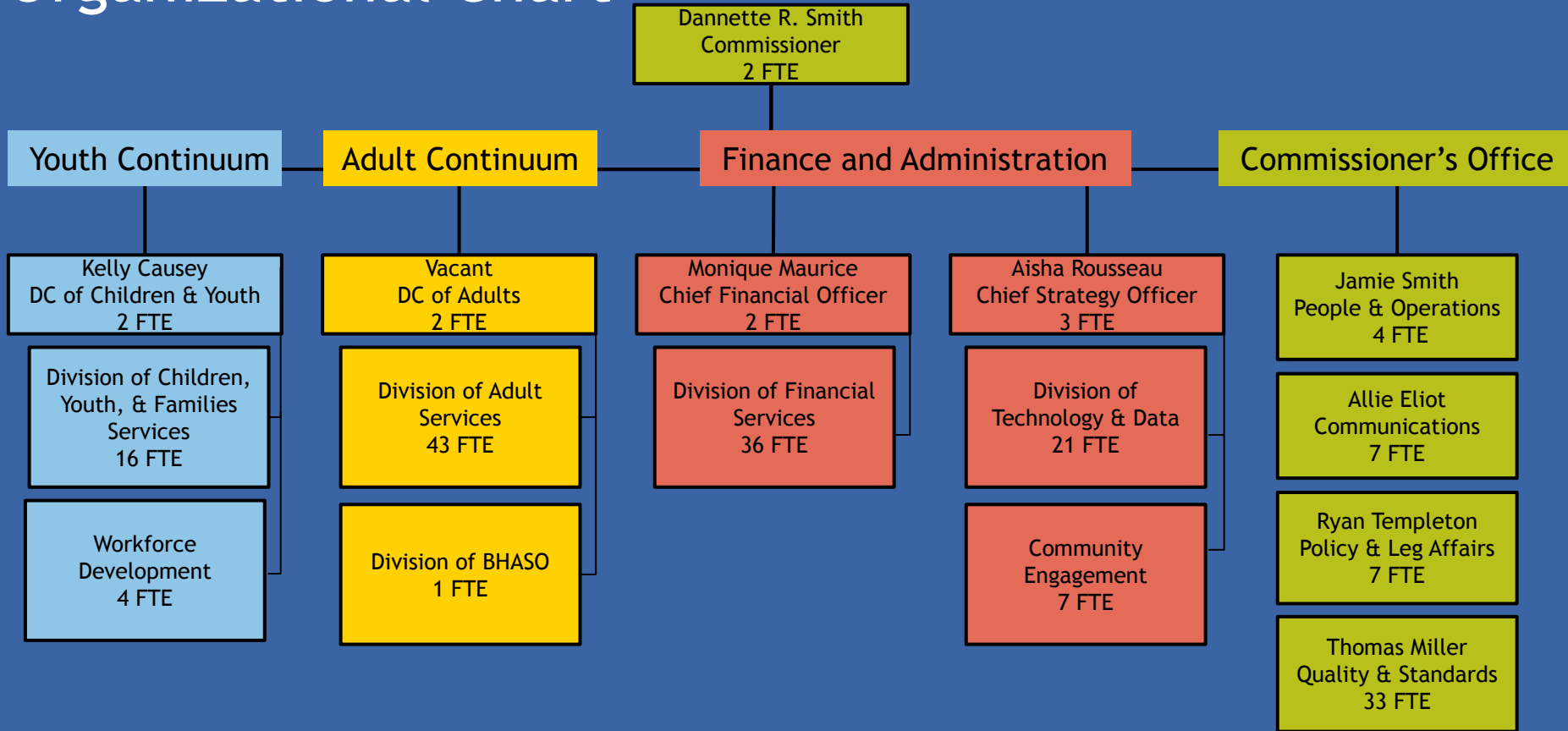
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## Behavioral Health

Administration's vision is that behavioral health services in Colorado are accessible, meaningful, and trusted



# Organizational Chart



# Behavioral Health Administration's Priority Outcomes

## Priorities<sup>1</sup>

## Supporting Strategies



**Improve BH outcomes for all Coloradans**, by standing up and developing Colorado's behavioral health system with a unified strategy and people first approach to improve whole person health

1. Engage stakeholders to address the needs of people the Behavioral Health system serves and workforce that keep it operational
2. Develop tools to enable people to find and enroll in treatment and behavioral health services
3. Organizing a people first approach to data collection and sharing that enables greater accessibility and transparency
4. Streamlining processes for credentialing, contracting, and provider quality measurement to reduce administrative burdens



**Expand Access to Behavioral Health Care**, to meet the unaddressed needs of Coloradans by increasing the number of people served through the new BHASO network of community behavioral health care providers

1. Implement the BHASO model
2. Collect data on quality and volume of services administered by BHASOs
3. Establish performance monitoring and management approach
4. Enable referrals through client care search



**Improve Outcomes for Children and Youth with complex behavioral health needs**, by improving accessibility and quality of treatment for Colorado's youth

1. Report on Children and Youth Plan Progress
2. Expand use of standardized assessments
3. Establish service availability improvements
4. Support training of Children Youth and Family Professionals



**Transform Customer Experience**, by increasing volume of digital users that can address their need without additional assistance

1. Implement digital tools across BHA's services
2. Establish analytics monitoring and service data
3. Develop customer experience improvement strategy

1. Formal Wildly Important Goals will be published in BHA's FY 25-26 performance plan published on July 1, 2025

# BHA Tools for System Oversight and Achievement

**1** **BHA Performance Hub:**  
Colorado's Behavioral Health  
Data Bank

**2** **Behavioral Health Care  
Grievance and Complaint  
Process:**  
Increasing Transparency &  
Improving Timelines

**3** **Behavioral Health Administrative  
Services Organizations (BHASOs):**  
Regional administration of safety  
net services

**4** **Interagency Council:**  
Cross agency leadership,  
departmental alignment and  
shared oversight of Colorado's  
Behavioral Health System

# BHA FY 2026 Budget Request At a Glance

<b>R1</b>	<i>Increasing Access to Behavioral Health Care</i>	<b>\$3.15M</b>
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<b>R2</b>	<i>Advancing the Children and Youth Behavioral Health Implementation Plan</i>	<b>\$0.35M</b>
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<b>R3</b>	<i>Streamlining Crisis Care</i>	<b>Net -\$0.20M</b>
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<b>R4</b>	<i>Alternative Funding for Behavioral Health Services</i>	<b>-\$1.6M</b>
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<b>R5</b>	<i>School Mental Health Screening Savings</i>	<b>-\$0.78M</b>
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<b>R6</b>	<i>Rightsizing I Matter</i>	<b>-\$6.1M</b>
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<b>R7</b>	<i>BHE Licensing Cash Fund Spending Authority</i>	<b>Net \$0.42M</b>
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<b>R8</b>	<i>High-Acuity Crisis for Youth and Children</i>	<b>Net \$1.16M</b>
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# Universal Contracting Provisions

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- Technical fixes needed for implementation
- Reduces burden for the state and providers
- Consistent care and access for individuals



# 2025 Regulatory Agenda



## Designation of Eating Disorder Treatment and Recovery Centers

All eating disorder treatment and recovery facilities to hold a BHA designation based on the level of care the facility provides (SB24-117).

*Effective by January 1, 2026*



## System of Care for Children and Youth

Establish eligibility requirements, the mechanism for determining eligibility, and cultural competency requirements under the children and youth system of care (HB24-1038).

*Effective by July 2025*



## Provider Rule Updates

Ongoing engagement to make technical changes, identify opportunities to reduce administrative burden, and make implementation updates based on ongoing feedback.



# Equity, Diversity and Inclusion Efforts

In accordance with the Governor's Executive Order 2020 175, BHA has undertaken several efforts in accordance with its equity, diversity and inclusion plan:



Engaged The Equity  
Project



Conducted Culture  
Listening Sessions



Culture Building

# ARPA: Behavioral Health Investments



## Behavioral & Mental Health (BMH) Fund

**\$550M**

SLFRF funds from the BMH Fund appropriated across 9 departments and the judicial branch



## BHA Appropriations

**\$294M**

One time SLFRF funds appropriated to BHA for behavioral health, workforce and public health investments from the BMH Fund.



# ARPA Examples

1

**Children's Hospital Colorado  
Mental Health Emergency  
Unit - 8 New Beds**

2

**BHA'S Learning  
Management System - 90  
New Courses**

3

**Crisis Resolution Teams in  
21 Counties - 600 Families  
Served**

# SMART Act Reports (Appendix A)

## ARPA Programs

### Workforce Development (LMS)

(§ 27-60-112, C.R.S.)

Early intervention, deflection, and  
redirection from the criminal justice  
system grant program

(§ 27-60-404, C.R.S.)

### Workforce Shortage

(§ 27-60-304, C.R.S.)

### Community BH Continuum Gap Grant Program

(§ 27-60-504, C.R.S.)

# SMART Act Reports (2 of 3)

**Present Behavioral Health Plan**

(§ 27-50-204, C.R.S.)

**988 Crisis Hotline**

(§ 27-64-105, C.R.S.)

**Crisis Response System Updates**

(§ 27-60-103, C.R.S.)

**High-Acuity Crisis for Children & Youth**

(§ 27-64.5-102, C.R.S.)

**High Fidelity Wraparound**

(§ 27-62-102, C.R.S.)

# SMART Act Reports (3 of 3)

## Veteran Suicide Prevention Pilot

(§ 27-50-801, C.R.S.)

## Medication Consistency

(§ 27-70-103, C.R.S.)

## Transition Specialist Program

(§ 27-66.5-105, C.R.S.)

## Study of Health Effects of Felonizing Fentanyl Possession

(§ 27-50-802, C.R.S.)

## Substance Use Disorder Services

(§ 27-80-107.5, C.R.S.)

## Criminal Justice Diversion Program

(§ 27-60-106.5, C.R.S.)

# Thank You

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