

Behavioral Health Transformation Task Force Funding Tier 1 Funding Strategy Summary

The following is a summary of recommendations made by the subpanel that achieved consensus for tier 1 strategies. The recommendation's primary outcome (see pg. 3) is indicated by a bolded number.

Subpanel Recommendation Proposals (click here for more details in subpanel recommendations)	Funding Ranges	
	Low End	High End
A. Southern Ute Behavioral Health Facility: One-time \$ to support the Southern Ute community in renovating an identified existing facility for inpatient services as well as for establishing transitional housing. Should also serve the Ute Mountain Ute tribe if possible. (1)	\$20m (4.4%)	\$25m (5.5%)
B. Youth and Family Residential Care: Invest in youth and family residential care, ensuring that young people do not need to be sent out of state and families are able to receive respite across the state through the following strategies: 1) Youth Neuro-psychiatric capacity for up to 16 beds, 2) Respite for 10 to 12 centers for children and families for 60 to 72 beds, 3) Youth Psychiatric Residential Treatment Facility (PRTF) & Qualified Residential treatment Program (QRTP) ongoing support through Dec. 2026. (1)	\$54m (12%)	\$59m (13%)
C. Adult Residential Care: Invest in adult residential care in high-need areas across the state that meets gaps for the adult population. The purpose is to provide integrated step-up and step-down care in transitional housing, supportive housing, and recovery homes. This should serve people with intellectual and developmental disabilities, those with co-occurring conditions, those involved in the criminal justice and competency, people experiencing or at risk of homelessness, and other populations experiencing disparities exacerbated by COVID 19. Funding expected to be paired with the Economic Recovery and Development Task Force to address homelessness. Facilities should, wherever appropriate address both substance use disorder and mental health. (1)	\$47m (10%)	\$55m (12%)
D. Immediate Life-Saving Activities (including Opioid Response): Invest through the community investment grant in treatment on demand and Medicated-Assisted Treatment in communities with high need, including for those involved with the criminal justice system. Consider focusing on ensuring community MAT providers can service the jails to better ensure smooth transitions. Two direct investments are also requested: Naloxone bulk purchase fund for an additional 5 years, and harm reduction funding through CDPHE 's HIV/STI program. (1)	\$20 (4%)	\$24m (5%)
E. Primary and Pediatric Care BH Integrations: Invest in School Based Health Centers. Note: Several subpanel members indicated stronger investments in SBHCs could expand coverage across the state. (2)	\$1.5m (3%)	\$1.5m (3%)
F. Children, Youth, and Families Community Services: Through the community investment grant, ensure there is a youth and family oriented care center within a two-hour drive of every community by investing in eight to ten additional centers. These would support children, youth and families in crisis. These centers are envisioned to build out the hub and spoke model beyond beds. Additional grants may be allocated for expanded caregiver interventions and establishing other evidence-based services, including care navigation and coordination. (2)	\$50 (11%)	\$50m (11%)
G. Crisis Response, Diversion, and Competency: Through the community investment grant, fund communities to develop or expand pre-arrest diversion programs (e.g., STAR, mobile response, co-responder), post arrest diversion through the judicial branch, and intensive community-based services. In addition, allow for judicial districts to apply to add additional competency courts for high-need areas for up to 3 years of funding. (2)	\$43m (10%)	\$94m (21%)
H. Care Navigation & Coordination: Through the community investment grant, augment existing infrastructure, and develop additional regional centers as needed to support a localized resource navigation system for each region of the state. These should be connected to the navigation hub funded through SB21-137 and an expanded 988 that is also connected to the care navigation database. Separately, enforce current statutes and strengthen language so that anyone who is eligible for Medicaid in the justice system is getting enrolled. Funding for both of these should save money in the long run due to connecting people to care they need. (3)	\$26m (6%)	\$28m (6%)
I. Workforce Expansion and Recruitment: Invest in a tiered and expanded workforce that includes clinicians, peer support professionals and other staff. In addition, ensure reciprocity so that people from other states and countries can come to Colorado and fill behavioral health positions, especially when they can serve and/or identify with high-need populations. (5)	\$5m (1%)	\$10m (2%)
J. Workforce Training: Focus on three strategies: 1) , Provide funding for established and accredited academic institutions to develop rural behavioral health academic hubs or satellite programs to support virtual licensure-track degree programs, including technology investments. 2) Invest in Crisis Intervention Training for all law enforcement both through funding and policy requirements. 3) Support all safety net providers by 2026 to be a) culturally and linguistically competent and b) serve a set of complex youth needs, including mental health, IDD, autism, SUD, and co-occurring conditions. Incentivize with rating system and consider higher Medicaid rates for certain cases. (5)	\$18m (4%)	\$25m (6%)
K. Workforce Retention: Allocate funding for workforce retention for direct service. Strategies include short-term salary increases, bonuses, and telehealth investments. (5)	\$50m (11%)	\$50m (11%)
L. Community Investment Grant: Provide funding for the above-mentioned recommendations that can be funded through the grant (totaling about \$140m) as well as this additional amount to fund local governments and community-based organizations to address identified behavioral health needs. The Community Investment Grant would provide funding to services along the continuum of behavioral health care that meet regional needs. Specifically, there should be investments in evidence-based programs along the continuum, including prevention, treatment, recovery and diverting people away from the criminal justice system. To effectively implement these investments without further bifurcating the system, there should first be a county or regional level assessment that identifies gaps in the service continuum for that community and areas that need investment should be identified. (4)	\$25m (6%)	\$50m (11%)
	\$379.5m (84%)	\$471.5m (105%)

Behavioral Health Transformation Task Force Tier 1 Policy Strategy Summary

1. **Reciprocity:** Expand reciprocity to domestic and international licensures and encourage providers to move to Colorado. This will help expand the ability to provide cultural competency. At the same time, continue to invest in Colorado's telehealth infrastructure to reach clinicians / providers nationwide with specialty care.
2. **1115 mental health waiver:** Explore Medicaid 1115 waiver for mental health in addition to the one Colorado has on SUD.
3. **Buprenorphine:** Eliminate any requirements for prior authorization to fill buprenorphine products for the treatment of opioid use disorders.
4. **Audit/ sunset review of BH line item:** Identify programs and line items that should be audited or undergo a sunset review. Items include: 1. Strategic Individualized Remediation Treatment (STIRT), 2. Jail Based Behavioral Health Services, 3. Offender Behavioral Health Services, 4. Correctional Treatment Cash Fund (CTCF), 5. Offender Services, 6. Approved Treatment Provider program, 7. Problem Solving Courts (with a focus accreditation).
5. **Decrease Admin Burden:** Reduce admin burden that gets in the way of treating patients in a timely manner and overwhelming the workforce while also ensuring quality & transparency.
6. **Judicial diversion:** Explore creating authority for judicial diversion.
7. **Special competency population:** Consider making the competency population a special population within HCPF & provide resources to manage the population with the RAEs. Covering these services could be a requirement of the contracted network adequacy plan.
8. **988 BH line:** Ensure that the new 988 Suicide Prevention Life Line is connected with a resource navigation system, with care coordination, with peer supports, and with payer information for behavioral health services: Institute legislative policy for utilizing the 988 Suicide Prevention line as a Colorado Behavioral Health Crisis Line, which should include: 1) a connection to the forthcoming Colorado behavioral health resource navigation system with information that more quickly links individuals in crisis with available services, 2) a connection to the forthcoming care coordination system, 3) a connection to peer support services, 4) a connection to information about payer sources and payer funding for services.
9. **Medicaid in the jails, community corrections, & DOC:** Enforce current statutes and strengthen language so that anyone who is eligible for Medicaid in the justice system is getting enrolled. In addition, maximizing Medicaid funding to the greatest extent to allow greater flexibility for criminal justice funds and reducing the amount of treatment dollars the criminal justice system needs to access via the state General Fund.
10. **Certified Addiction Technicians and Specialists:** Adjust requirements of CAT/S hours to be more in line with registered nurses or Licensed Practice Nurses. Currently CAT requires 1000 hours more than these professions and CAS 2000 more.
11. **Discharge Strategy:** Minimal funding to examine how to ensure people are not discharged into homelessness, such as through an evaluation, strategy development, and/or stakeholder consultation.

Outcomes Agreed upon by the Subcommittee

1. Those with the highest needs get the care they need when they need it.
2. People can access services when they need it and as early in the continuum as possible.
3. People with behavioral health needs are connected to services across the continuum
4. Equitable, culturally responsive, inclusive, effective, and high-quality services are available in all regions across Colorado (or connected to highest acuity needs in state)
5. Trained, qualified, and diverse workforce is sufficient to meet needs.
6. There is integration and parity between physical and behavioral health

Tier 2 recommendations

Youth and Family Residential Care: Residential: Youth Residential SUD treatment for 16 beds
(Would need to be part of a comprehensive package and ensure that these are connected. Only use residential treatment if evidence based)

Adult Residential Care Package

- **Residential: Family Proposal for 16 to 18 beds**
- **Inpatient Mental Health Treatment beds @ Ft. Logan for up to 16 beds**
- **Crisis beds for children and adults for 40 beds**
- **Competency: Repurpose Ridge View / Governor's Ridge View and Denver Proposals:**
Combine proposals to support staging for homelessness and CJ population and help connect to community-based services. Incorporate mental health with 1115 waiver.
- **Circle Program Expansion for Extended Length of Stay**

Immediate Life-Saving Activities (including Opioid Response): MAT Department of Corrections
(DOC is under legislation to do MAT if started in jails per SB19-008)

Primary and Pediatric Care BH Integrations Package

- **Consultation (Colorado Pediatric Psychiatry Consultation and Access Program**
- **SIM 2.0: Integration of Physical and Behavioral Health - Practice Transformation Grants + Support Teams**
- **Prevention: Universal Screening (including mental health)**

Children, Youth, and Families Community Services: CW & JJ, & Community Supports: High Fidelity Wraparound* (Interest in broadening to include other evidence-based interventions and building out the learning management system as part of workforce training.)

Crisis Response, Diversion, and Competency: ASAM Criteria Training & Use of ASAM Continuum

Care Navigation & Coordination Package

- **Create policies to ensure a safe discharge from hospitals and reduce preventable readmissions. (Policy)** (Incorporate into providing in other pieces of continuum of care, hospitals being graded on this already.)
- **Competency: Expand Bridges Program (competency)**

Expansion and Recruitment Package

- **Prevention: School Health Professionals Grant Program**
- **Recommendation on Workforce Recruitment** : Expand recruitment methods to increase and diversify the behavioral health workforce

Workforce Training Package

- **Recommendation on Workforce Training and Competency**

Other

- **Grant Writing Assistance**
- **CCBHC**