

Appendix A: Other specific-to-BHA programmatic updates required by statute

SMART Act Requirement Name: Presenting the Behavioral Health System Plan

Statutory Requirement: Section 27-50-240, 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 2022 Behavioral Health Plan contains the Behavioral Health Administration's (BHA's) early conceptualization of what it means to be the lead steward of a people-first vision for whole-person health in Colorado. As you read the [General Assembly Report, 2022 Behavioral Health Plan](#), we hope you can sense the excitement to demonstrate our commitment to being a trustworthy, people's agency; called for by the people of our state and working to bring the people's vision to life. Because we believe that every person in our state deserves to experience whole-person health, we envision a world in which behavioral health services are accessible, meaningful, and trusted.

SMART Act Requirement Name: 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 launched in July 2022, and has provided innovative, wraparound services to Veterans and their families. As of November 2022, 163 Veterans and families have enrolled, with 1134 requests for services through the website. The Pilot Program contractor, Next Chapter, has a strong presence in the community and has built trust among Veterans, often serving those who declined services through the Veterans Administration (VA). They are considering expanding into Teller county.

SMART Act Requirement Name: 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: The crisis response system continues to have four modalities (Walk-In Centers, Mobile Response, Stabilization Units, and Respite) available in every region. Each Walk-In Center is operational 24/7/365 and is available for screening and triage for everyone who seeks services. 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 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.

As of September 2022, Colorado Crisis Services (CCS) served:

- 3817 individuals in the walk-in centers
- 2431 individuals with a mobile responses
- 908 individuals in the stabilization units
- 94 individuals through respite

The seven Administrative Service Organization (ASO) regions across the state continue to contract for innovative approaches to crisis response, including community paramedicine, and smaller providers.

The ASO in Region 1, Rocky Mountain Health Plan, has continued to explore nontraditional providers for mobile response, adding Integrated Insight Therapy as the Children, Youth, & Family Crisis Resolution Team provider, as well as the mobile provider in San Miguel, Montrose, Delta and Ouray counties. The Aspen Hope Center and The Hope Center of the Eagle River Valley serve Garfield and Eagle counties. They also have a current contract with the Summit County Sheriff's Office. Gunnison Valley Hospital continues to operate in Gunnison and Hinsdale counties.

The partnership between the Region 1 ASO and Eagle County Paramedics supports the mobile crisis teams to provide onsite medical screenings to rule out any emergency medical conditions.

The Colorado Springs Fire Department Community Response Team is contracted with ASO Region 7, Beacon Health Options, to provide a cross-agency collaborative mobile response.

Region 7 continues to contract with Ute Pass Regional Health District to provide the in-person response in Teller County, paired with a tele-device to a Diversus clinician, bringing easier access to hard-to-reach areas, and a compassionate, comprehensive response to individuals in need.

Crisis Resolution Team pilots for Children, Youth, and Families were launched in 19 counties. These teams were funded through SB-137 to improve access to children, youth, and families. They are short-term, intensive stabilization community-based programs, with multidisciplinary teams intended to reduce referrals to higher levels of care.

SMART Act Requirement Name: Secure Transportation in the Crisis Response System

Statutory Requirement: Section 27-60-104(7), C.R.S.

The BHA shall explore solutions for addressing secure transportation, as defined in section 25-3.5-103 (11.4), of individuals placed on a seventy-two-hour treatment and evaluation hold pursuant to article 65 of this title 27, and shall include the following information as part of its 2023 "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" presentation required pursuant to section 2-7-203:

(a) How crisis contractors are facilitating the use of secure transportation or contracting with secure transportation licensees; and

(b) How the BHA has supported and encouraged crisis contractors to include secure transportation in the behavioral health crisis response system.

Response: Community Mental Health Centers (CMHC) have access to a Transportation General Accounting Encumbrance (GAE) with a soft cap of \$30,000 for FY23. These dollars became available in the third quarter of FY22. ASOs were also given access to this fund for the current fiscal year to support their non-CMHC crisis providers' transportation needs. Both secure and non-secure transportation can be reimbursed for travel between levels of care. For example, an individual at a Walk-in Center who needs a higher level of care or being discharged from an inpatient psychiatric hospital to an outpatient appointment. Some providers have robust in-house transportation programs, so these dollars can off-set some of their expenses. Others have contracted with local organizations (ie: Falck Ambulance) to assist in transport.

For example, in Region 1, Axis in SW CO can cover all of their catchment counties. Mind Springs is contracting with Citadel Security and Lonestar to meet some of their transportation needs. SummitStone provides secure transportation in all of Larimer county.

In Region 4, Health Solutions contracts with Titan and covers Pueblo, Huerfano, and Las Animas counties.

With the passing of House Bill 21-1085, individual counties are required to issue licenses to behavioral health secure transportation providers, as well as permits for vehicles used in this service by January 1, 2023. CDPHE, HCPF, and BHA have been working together to address concerns from both the transportation providers and their affiliates if counties are not ready by the go-live date.

SMART Act Requirement Name: 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: In FY22, the Office of Behavioral Health (OBH) fully or partially funded a total of 28 Co-Responder programs. 15 of the programs are contracted with cities and counties and spent approximately \$4.4 million. (OBH also contracted with 14 CMHCs, with some blending funds to increase robustness of services available.)

- The total number of fully or partially funded programs is the same in the first half of FY23 under the Behavioral Health Administration (BHA) when these programs moved to the BHA.

In FY22, the 28 programs were available in 24 counties (68 municipalities and the unincorporated areas of 15 counties and a total of 73 unique law enforcement agencies have clinicians available to help respond).

SMART Act Requirement Name: 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 BHA recognizes the importance of high-quality training and certification to ensure that the workforce can meet the needs of the people of Colorado, and highlights the need for linguistically and culturally competent behavioral health care across all levels of providers.

The Behavioral Health Learning Academy, with a target launch of July 2023, will aim to increase the capacity, skills and resilience of providers to provide trauma-informed, culturally and linguistically responsive care.

Areas of focus will include: *Supporting Children, Youth, and their Families in Crisis; Cultural and Clinical Competency: Foundational Concepts; Cultural and Linguistic Responsiveness: Core Concepts for Priority Populations.* The behavioral health providers will be able to achieve endorsements for completing training in the areas of crisis intervention and working

with justice involved persons, amongst other topics. The Behavioral Health Learning Academy will help professionals to enrich their skills which, in turn will help enhance an individual's experience receiving treatment to meet their personal treatment needs.

SMART Act Requirement Name: Behavioral Health-Care Provider Workforce Shortage

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

“In 2023 and 2024, 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: The Behavioral Health Administration’s Workforce Strategic Plan was released September 2022 outlines priorities that include developing career pipelines by partnering with and providing grant funding to community partners who are working directly with young people of color, first generations student, and other populations critical to building out greater diversity with the workforce.

Behavioral Health Incentive Programs (SB21-137) funds institutions with degree and certificate programs in behavioral health to grant scholarships to rural and low income students enrolled in these programs.

Collaboration with other state agencies including Department of Higher Education (CDHE), Department of Regulatory Agencies (DORA) among others to identify regulatory, policy and procedural barriers that may impede entry into the behavioral health workforce.

State agency collaboration to expand and strengthen the peer support workforce throughout the state and develop a behavioral health aide program that is sustainable.

The Substance Use Workforce Stability Grant Program (HB22-1281) prioritizes awarding grants to substance use disorder treatment and recovery support services direct care providers that serve low-income or marginalized populations.

SMART Act Requirement Name: 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: Diversion programs target the underlying problems that lead to criminalized behavior. Senate Bill 22-196’s early intervention, deflection, and redirection from the criminal justice system grant program makes a transformative investment into programs to divert and deflect individuals with behavioral health needs away from the criminal justice system and into appropriate treatment.

Technical assistance for project proposals is being made available to help inform and develop innovative programs that will support people of Colorado to address the unmet behavioral health needs to redirect from the criminal justice system.

A technical assistance manual is also being developed to help guide future applicants when technical assistance funds are expended.

Grant writing technical assistance has been established to promote and support equitable access to organizations who may not have the administrative resources for grant writing.

Requests for Applications was released December 8, 2022 with first round award contracts execution in Spring 2023.

Due to the unprecedented amount of funding resources, grants will be reviewed periodically with the final group of applications being received between November 2023- February 2024. Total grant funds must be expended by December 30, 2024.

SMART Act Requirement Name: 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: The BHA in partnership with Colorado Health Institute developed a community behavioral health services assessment toolkit. The purpose is to equip local leaders with information and approaches that can deepen their understanding of community strengths, needs, and gaps, and strengthen their investments in meaningful and equitable behavioral health solutions.

The scope of the Community Behavioral Health Care Continuum Gap program includes: Community Investment Grant Program; Children, Youth and Families Grant Program and Substance Use Workforce Stability Grant Program.

Grant writing technical assistance has been established to promote and support equitable access to organizations who may not have the administrative resources for grant writing.

Requests for Applications was released December 8, 2022 with first round award contracts execution in Spring 2023.

Due to the unprecedented amount of funding resources, grants will be reviewed periodically with the final group of applications being received between November 2023- February 2024. Total grant funds must be expended by December 30, 2024.

SMART Act Requirement Name: 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: The Department of Health Care Policy and Financing (HCPF) contracted with the Farley Group to create a report with stakeholder feedback and recommendations on an

integrated funding pilot which includes High Fidelity Wraparound, Multisystemic Therapy, Functional Family Therapy, Respite and Caregiver interview. The report is planned to be available in May 2023.

- HCPF will use the recommendations to build the benefit.
- The BHA and HCPF met with multiple states (IN, VA, WA, OR, NJ, MD and others) who have implemented HFW as a Medicaid benefit to learn from their progress and setbacks.
- The BHA and HCPF are continuing to identify topics for training the HFW workforce.
- The BHA and HCPF 195 teams meet monthly to check in and give progress updates on 195.
- The BHA will continue to identify key performance indicators regarding cost savings for eligible children and youth who receive HFW.

SMART Act Requirement Name: Community Behavioral Health Safety Net System Progress

Statutory Requirement: Section 27-63-106(1), C.R.S.

“From January 1, 2022, until July 1, 2024, the BHA shall provide an annual report on the progress made by the BHA on the behavioral health safety net system 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: To build the capacity of the safety net provider continuum, endorsements are being developed and through collaboration with the Department of Health Care Policy and Financing (HCPF) there will be enhanced payment structure for designated behavioral health providers.

SMART Act Requirement Name: 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:

(a) Submit information about the usage of the 988 crisis hotline and services provided to the federal substance abuse and mental health services administration

and information about the expenditures of the 988 crisis hotline cash fund to the federal communications commission; and

(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: As of July 16, 2022, Colorado, along with the rest of the United States, is using the 9-8-8 dialing code. The 9-8-8 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also dial 9-8-8 if they are worried about a loved one who may need crisis support.

9-8-8 calls and texts are routed to Lifeline call centers across the country based on a person’s area code from the phone they are calling from. Colorado is actively engaged with the Substance Abuse and Mental Health Services Administration, the Federal Communications Commission, and partners across the country to determine the appropriate solutions for call routing. This situation is not unique to Colorado. The Behavioral Health Administration (BHA) recognizes that many people in Colorado do not have a phone number with a Colorado area code. We want to ensure a safe, immediate connection to local resources and support. While Colorado works to ensure all calls, regardless of area code, get routed to a call center physically near the caller, we will continue to promote our statewide crisis line at 1-844-493-8255 or text TALK to 38255.

In September 2022, a one time, 18-month budget was approved by the 9-8-8 Crisis Hotline Enterprise Board to transition the 9-8-8 budget cycle from calendar year to fiscal year for improved alignment with the Colorado Department of Human Services fiscal year contracting cadence. The budget reflects increased expenses associated with new 9-8-8 performance expectations from the Substance Abuse Mental Health Services Administration. On Sept. 28, 2022, the 9-8-8 Crisis Hotline Enterprise Board received formal surcharge recommendation from the Colorado Public Utilities Commission, recommending that the Board set both the 9-8-8 surcharge and prepaid wireless 9-8-8 charge to 27¢ per access connection per month or per prepaid wireless telecommunications service transaction, as appropriate, for calendar year 2023. On September 30, 2022 the 9-8-8 Crisis Hotline Enterprise Board approved the PUC’s recommendation.

The most notable increased 9-8-8 performance expectation includes, but is not limited to changes to speed of answer rate performance targets for Colorado’s Lifeline contact center, Rocky Mountain Crisis Partner (RMCP). The previous 9-8-8 budget for CY 2022 was approved in October 2021 with a speed of answer rate performance target of 80% by June 30, 2022. In

January 2022, the FY2022 the Substance Abuse and Mental Health Service Administration's (SAMHSA) Cooperative Agreements for States and Territories to Build Local 9-8-8 Capacity included changes to answer rate performance targets, increasing the performance target to 90% answered in 59 seconds by June 30, 2022.

Rocky Mountain Crisis Partners (RMCP) has extensive experience operating a statewide crisis line as well as the Lifeline in every county of Colorado. In order to meet and exceed the goal of a 90% in-state answer rate and effectively staff for future program performance targets from SAMHSA, RMCP will need to increase their capacity. Colorado has contracted with RMCP to: retain and implement a dedicated recruiter to focus on 9-8-8 staffing needs and statewide recruitment, retain a training manager to increase capacity and quality for new hire onboarding and online training, hire and retain workforce to answer the projected in-state call volume 90% of the time with 95% of calls answered in 20 seconds, 90% of calls answered in 15 seconds, and implement predictive analytics to plan for staffing needs and spikes in call volume.

Colorado was awarded a \$2,458,104 Cooperative Agreement to Build Capacity in Colorado with a projected period of June, 30 2022 - June 29, 2024. In December 2022, Colorado was awarded an additional \$1.0 million for 9-8-8 capacity building.

Colorado recently executed a \$450,000 contract with a communications and marketing vendor to understand what messaging is needed to share about the service that 9-8-8 provides, and to develop products and strategies to address the messaging needs that are identified. The vendor shall conduct the research necessary to determine what the messaging needs are and work with the BHA to create the products and strategies to address the identified needs.

SMART Act Requirement Name: 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 (TSP) program provides comprehensive personalized support and care management to support individuals transitioning from behavioral health and substance use treatment settings to community living and support.

As the contractor for this program, Rocky Mountain Human Services (RMHS) provides clinical care management, peer specialist services, and funding to support the successful transition of individuals.

In the current FY23, we have served 80 individuals thus far in the TSP program through December. Numbers down because of covid, but referrals are steady now. There were 176 clients served as of last year. TSP currently is at capacity and there are approximately 36 individuals who are not fully engaged in the services approved. TSP has some open positions due to turnover with RMHS, BHA's contractor for TSP.

Common client barriers are unstable/inadequate housing; medical needs; financial insecurity; functional challenges, i.e. physical limitations, brain injury, mobility issues; and lack of social connections.

SMART Act Requirement Name: 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: As of December 2022, there are 38 county jails connected to the Health Information Exchange (HIE) in Colorado. Out of the 38 county jails, 28 are contracted with CORHIO (Colorado Regional Health Information Exchange Organization) and 10 are contracted with QHN (Quality Health Network), 2 are contracted with both entities receiving data from both for specific purposes.

The purpose of the medication consistency psychotropic formulary is to ensure that regardless of what jail or community provider a person is getting care from, they can have consistent medications in order to prevent decomposition. It also helps understand where there are medications that are being used outside of the formulary to help them get access to the medication if needed. As of December 2022, the formulary is updated and distributed to all jails across the state of Colorado.

The last modification to the formulary was in February 2022. At this time, the Health Care Policy and Financing / 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.

Cooperative purchasing efforts have not been adopted based on the initial recommendation by OBH for jails to partner with Minnesota Multistate Contracting Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP).

OBH presented opportunities for jails to partner with the agency, but several (mostly rural) jails already have a community pharmacy they partner with that is meeting their needs. The

Medication Consistency Pharmacy Committee will resume quarterly meetings with HCPF and other key stakeholders in 2023. This committee will continue with the efforts around promoting the use of the psychotropic formulary and analyzing needs across the state for cooperative purchasing to ensure that the individuals we are serving are receiving adequate care and access to medications during incarceration and upon release.

SMART Act Requirement Name: 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 best uses for these funds, relying on regional needs assessments and report to OBH on how the dollars were used annually in September, after the fiscal year ended.

- MSOs statewide spent \$18.7M in State fiscal year 2022 on expanded SUD prevention, treatment, recovery and harm reduction efforts. In FY22 the full allocation was \$28.5 (FY21 Carryover \$2.7 Plus FY22 \$25.8 budget) million, so there is \$9.76 million in carryover funds.
- FY22 full allocation of \$28.5 million consists of \$15.8 million in regular funding and \$10 million in federal stimulus (ARPA) funds from SB21-137.



- Expenditures went up by about \$5M last year.

Prevention

- An emphasis on reaching school-aged children with effective messaging and information around SUD was prioritized by the Managed Service Organizations. In schools across Colorado, **20,376 engagements occurred within this demographic. This is an increase from 18,000 engagements last fiscal year.**
- Success with school-aged children, a focus demographic, was seen as over **1000 individuals received treatment** both in-person and virtually.
- Utilizing SB202 funds, **40,142 individuals were screened for substance use disorders.** Referrals for those in need of additional support were made to community providers. This is an increase of **1,380 screenings done over last year.**
- Peer coaches were heavily utilized to ensure clients had help accessing the healthcare system, getting to appointments and court appearances on time, and support throughout the journey from prevention to recovery.

Treatment

- In FY22, SB202 funding was primarily used to expand access through Managed Service Organizations in both rural and urban areas. **445 unique individuals were served** with long-term housing, which enabled them to seek treatment and maintain consistency within their individual programs. This is about the same number served as last year, showing a sustained need year over year.
- SB202 was utilized to expand and increase access to treatment services throughout Colorado. **4,038 individuals were served** across 4 MSOs, roughly the same as last year.
- Expansion of services continues to increase in rural areas throughout the state. This is an ongoing effort in conjunction with other legislation to enhance access for individuals in rural areas. A **215% increase from last year** in Arapahoe and Douglas counties for MAT services was recorded in FY22.
- Workforce development was emphasized with SB202 funding, increasing case management efforts. **1,215 individuals were served** with these funds.
- Reimbursements for CAS/CAT/LAC level training continued, with **257 individuals served** from these funds. These were primarily in rural counties, showing an increase in addiction counseling expertise in those underserved areas of Colorado. This was an increase of **207 individuals** from last year.
- Jail-based services saw a boost due to SummitStone, a Larimer County jail partner. Using Rapid Access and MAT clinics they served **907 individuals** from this population.

Recovery

- SB202 was used to support and expand recovery support services throughout Colorado. **10,090 individuals were served, an increase of 1,200 individuals.**





- Peers were heavily utilized for this service line and an increase in peers throughout Colorado occurred due to this funding. Peers especially help during recovery as individuals experience more support for after they have begun recovery.
- Funding from SB202, and other funding streams, were directed at rental support. Individuals without the means to pay for housing are offered stipends to supplement rental costs. Sustainable and consistent housing is a positive contributor to consistent access to client services. **61 individuals were served** with rental assistance for up to two months of need.
- The Recovery Co-op was able to **add an adolescent focused addiction specialist** with SB202 funding. This increases the need for adolescent services which has become a growing gap in service availability.
- Transgender Center for the Rockies was able to serve **89 individuals** after just opening the prior year. These types of services increase equity within the continuum and demonstrate a need for this population.
- Oxford House engaged **142 individuals** with new and existing sober living options. Oxford House offers a structured and reliable way for individuals in recovery to find safe living spaces to enhance their recovery journey.
- Financial summary table below:

Colorado Department of Human Services, Behavioral Health Administration, Division of Community Programs

SB 16-202 Expenditures (FY2021-22) for All Managed Service Organizations (MSOs)

	Remaining Balance at the End of FY 2020-21 to Carry over to FY 2021-22	FY2021-22 Budget	FY 2021-22 Revised Budget After FY 2020-21 Carryover	FY 2021-22 Expenditures	Remaining Balance at the End of FY 2021-22 to Carry over to FY 2022-23
Signal	\$ 2,100,131.60	\$ 19,742,065.00	\$ 21,842,196.60	\$ 14,785,827.88	\$ 7,056,368.72
Mental Health Partners	\$ 276,183.18	\$ 1,058,072.00	\$ 1,334,255.18	\$ 531,196.52	\$ 803,058.66
Diversus Health	\$ 108,906.49	\$ 3,148,408.00	\$ 3,257,314.49	\$ 2,289,699.05	\$ 967,615.44
West Slope Case	\$ 173,930.68	\$ 1,858,077.00	\$ 2,032,007.68	\$ 1,099,098.71	\$ 932,908.97
Total	\$ 2,659,151.95	\$ 25,806,622.00	\$ 28,465,773.95	\$ 18,705,822.16	\$ 9,759,951.78

