Draft Subpanel Recommendation Package for Discussion Purposes

Document Organization
The document has the following two sections. Section 1 is a summary of the recommendations grouped in packages under the agreed to outcomes. This is the main document we'll be working from. Section 2 provides additional detail for each recommendation, funding allocations, the composite score, and notes on any modifications to the recommendation. This can be referred to for clarity when there are questions.

Activity Instructions:
Purpose: Each subpanel member participate in identifying Tier 1, 2, and 3 level priorities.

Subpanel members will be broken into three groups and rotate through each one, identifying what should go into each tier based on the evaluation findings. If time allows, discussions about reconciling any opportunities for combining or modifying proposals may be entertained.

The following draft tier 1, 2, and three categories were generated using a composite score based off the evaluation criteria (*Transformative in the long run; Can be distributed to save people's lives; Overcomes Disparities; Racial Equity; Overcomes Regional Gaps; Overcomes Coverage Disparities; Leverage $; Sustainable for the Long-term*) and funding allocations (*Add funding; Fully fund; Scale-down funding, Don't fund*) made across the subpanel members.The tiers based off the composite score are as follows:

- **High (Tier 1) 68% to 100%.**
- **Moderate (Tier 2) 50% to 67%.**
- **Low (Tier 3) Below 50%**

They are organized based on the outcomes we agreed to as a subpanel.

The groups will be as follows:

- Group 1: Outcomes 1 and 3 (Jacob)
- Group 2: Outcomes 2 and 6 (Lesley)
- Group 3: Outcomes 4 and 5 (Marisol)

Section 1: Summary of outcome-oriented recommendations

1. Those with the highest needs get the care they need when they need it. (High acuity services)

Native American Tribe Package

- NEW Proposal: Southern Ute Behavioral Health Facility

Youth and Family Residential Care Package

- Youth Neuro-psychiatric capacity for up to 16 beds
- Respite for 10 to 12 centers for children and families for 60 to 72 beds
- Youth Psychiatric Residential Treatment Facility (PRTF) & Qualified Residential treatment Program (QRTP) additional 30 beds
- Residential: Youth Residential SUD treatment for 16 beds

Adult Residential Care Package

- Competency: Transitional/Supportive Housing
- Recovery Homes: Capital Costs for 200 to 240 beds
- Residential: Adult Proposal to repurpose 50 group home beds
- Residential: Adult proposal to renovate existing facilities or build new throughout the state
- 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 proposal
- Governor's Denver proposal

Immediate Life-Saving Activities (including Opioid Response) Package

- Treatment on Demand: System redesign grants
- Naloxone Bulk Purchase
- MAT Community Based
- MAT Jail-Based:
- Harm Reduction: Direct Services and Supplies to Prevent Overdose, HIV/Hep C (Harm Reduction Services)
- Audit/Sunset Review of Behavioral Health Line Item
- MAT Department of Corrections
- Improve public health and law enforcement responses to drug overdoses
- NEW NEW Proposal: Target highest prescribers

2. People are able to access services when they need it and as early in the continuum as possible. (Prevention and Intervention services)

Primary and Pediatric Care BH Integrations Package

- Prevention: School based Health Centers
- 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
- SIM 2.0: Integration of Physical and Behavioral Health - Connecting Patients to Social Services
- SIM 2.0: Integration of Physical and Behavioral Health - Payer Transformation Grants
- SIM 2.0: Integration of Physical and Behavioral Health - HIT Investments (see EHR lite above)

Children, Youth, and Families Community Services Package

- Child Welfare, Juvenile Justice, & Community Supports: Regional Walk-In Centers
- CW & JJ, & Community Supports: Expand caregiver interventions.
- CW & JJ, & Community Supports: High Fidelity Wraparound

Crisis Response, Diversion, and Competency Package

- Crisis Response and Diversion (pre-arrest): Co-responder, community response, and mobile crisis response
- CW & JJ, & Community Supports: Youth mobile school response
- Competency: Imminent (short-term) Funding Need
- Competency: Intensive Community-based Services
- Competency: Diversion
- Competency: Competency Dockets
- NEW NEW Proposal: ASAM Criteria Training and Use of ASAM Continuum

3. People with behavioral health needs are connected to services across the continuum (Access)

Care Navigation & Coordination Package

- NEW Proposal: 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
- Resource Navigation and Care Coordination human and regional investments
- Medicaid in the Jails & Community Corrections & Department of Corrections
- Create policies to ensure a safe discharge from hospitals and reduce preventable readmissions. (Policy)
- Competency: Expand Bridges Program (competency)
- Resource Navigation Hub and technology investments

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

Several of the other recommendations fulfill this outcome. In addition, while community grants are discussed above, we have listed them here again.

- Community Investment Grant:
    - Funding to Local Government
    - Funding to Community Based Organizations
    - Grant Writing Assistance

- CCBHC

5. Trained, qualified, and diverse workforce is sufficient to meet needs. (Workforce)

Expansion and Recruitment Package

- Recommendation on Workforce Expansion: Increase the opportunities to enter the behavioral health field in Colorado
- Recommendation on Expanding peer support specialists in the behavioral health workforce
- NEW Policy Proposal: Workforce Reciprocity
- CW & JJ, & Community Supports: Reciprocity to expand the workforce
- Recruitment: Identify undergraduate students with an aptitude and interest in a health profession who will promote future diversity in Colorado Health Services Core (CHSC).
- Prevention: School Health Professionals Grant Program
- Recommendation on Workforce Recruitment: Expand recruitment methods to increase and diversify the behavioral health workforce

Workforce Training Package

- Educational and Academic Rural Hubs.
- Community College IT Infrastructure & adjustment to number of hrs required for Certified Addiction technicians / Specialists
- Crisis Intervention Training
- CW & JJ, & Community Supports: Cross training
- Recommendation on Workforce Training and Competency:
- Comprehensive technology training platform: The Colorado Digital Mental Health Initiative

Workforce Retention Package

- NEW Proposal: Stop the Great Resignation: Stabilize the Behavioral Health Workforce
- Decrease Administrative Burden

6. There is integration and parity between physical and behavioral health (Integration & Payer policies)

Note that other integration recommendations are included in outcome 2, as these provide an opportunity for early intervention.

- POLICY Proposal: Payer System

Section 2: Details of Outcome oriented recommendations

1. Those with the highest needs get the care they need when they need it. (High acuity services)

Native American Tribe Package

Proposal	Description	Low end	High End	Score	Modifications
NEW Proposal: 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.		TBD	TBD	**100%**	Ensure serve Ute Mountain Ute tribe as well.

Youth and Family Residential Care Package

High scoring items ($54m)

3. Youth Neuro-psychiatric capacity for up to 16 beds; Create up to 16 beds for children and youth with neuro-psychiatric disorders. These are for young people most often sent out of state. The estimated cost is to build a new facility. $10M per year is needed to operate and Medicaid should cover at least half of ongoing operational expenses.	$35M	$35M	**73 %**	Direct funding.
6. Respite for 10 to 12 centers for children and families for 60 to 72 beds: 24-hour safe spaces that may provide caregivers and affected individuals with a "break". Develop 10 - 12 respite centers for children and families using existing crisis system and/or residential providers for up to 72 beds	$10M	$10M	**74 %**	Community grants?
4. Youth Psychiatric Residential Treatment Facility (PRTF) & Qualified Residential treatment Program (QRTP) additional 30 beds: *What is it?* PRTF is a residential level of care with specialized mental health services for youth. QRTP is a residential level of care with services for youth, including youth with behavioral health conditions. It does not have as a high of a level of mental health services as a PRTF. *What is Already funded?* CDHS has funding for an additional 62 beds that are a mix of QRTP and PRTF levels of care. These beds can serve a variety of populations including youth with IDD and behavioral health conditions (+10 beds/20 total), 21-day residential assessment (8 beds) etc.... These beds have been funded through SB21-137, SB21-276, and emergency ARPA funds through the Governor. Ongoing funding is needed for all beds except for the additional 10 beds for youth with IDD *Proposal:* Additional $9M to support the emergency beds outlined above through December 2026. Ongoing funding needs to be addressed through the budget process	$9M	$9M	**70 %**	Direct funding

Moderately scored items ($5m)

6 5	**5.A. Residential: Youth Residential SUD treatment for 16 beds:** < 16 beds residential SUD treatment program. There's a small number of beds available for youth with serious substance use conditions in Colorado. Residential	$5M	$5M	**62 %**	Direct funding?

	is not the preferred level of care for children; however, this level of care is still needed to expand the full continuum of care.					

Adult Residential Care Package

High scoring items (about $52m)

3.F. Competency: Transitional/Supportive Housing: Build/convert numerous locations around the state to meet the needs of people with mental illness and co-occurring conditions like SUD and IDD In the community in the least restrictive environments appropriate to meet their needs (and to serve as an alternative to jail, prison, state hospital and other highly restrictive settings). These locations could be anything from group homes, motel/hotel/tiny homes etc...	$6M	$12M	**85%**	6. 68. Adult Housing proposal
7. Recovery Homes: Capital Costs for 200 to 240 beds; Peer-led 24-hour (or close to 24-hours) centers safe places for people to experience recovery and be surrounded by other people with lived experience. Proposal would fund capital construction costs to create new or expand existing recovery homes and alternative healing centers throughout Colorado. These locations include sober living homes, peer-run respite homes, club houses, and drop-in centers for people with mental health and/or substance use disorders.	$20M	$20M	**75%**	6. 68. Adult beds package funded through competitive grant. Grantees should indicate how this integrates with other efforts, such as serving those who are exiting jails.
5.C. Residential: Adult Proposal to repurpose 50 group home beds: Renovate up to 7 IDD group homes throughout the state by potentially buying groups homes currently used for people with IDD. This would be in addition to the Governor's budget request to renovate 3 state-owned group homes. Build or renovate other homes to be used as residential group homes throughout the state	$5.5M	$7.7M	**69%**	Community grant? AH match?
5.D Residential: Adult proposal to renovate existing facilities or build new throughout the state: Build or renovate other homes or facilities to be used as residential group homes throughout the state as step-down options from inpatient care or step-up from crisis or EDs	$15M	$15M	**68%**	Community grant? AH match?

Moderately scored items (about $72m)

66	**5.B. Residential: Family Proposal for 16 to 18 beds:** Fund an innovative family residential project designed to provide whole-person behavioral health treatment to children, youth, and families impacted by substance use disorders	$5M	$17M	**64%**	Community grant?
61	**1. Inpatient Mental Health Treatment beds @ Ft. Logan for up to 16 beds:** Add 16 new inpatient beds at the Mental Health Institute at Ft. Logan for adults w/ mental health conditions.	$7M	$8M	**63%**	Direct funding

62	**2. Crisis beds for children and adults for 40 beds:** *What is it?* Acute Treatment Unit/Walk-in Center /Crisis Stabilization Unit that provide 24/hour beds for children and adults in a behavioral health crisis. Can serve individuals for up to 5 days. **Proposal:** The crisis system needs to be able to serve children and adults with a variety of issues from co-occurring MH/SU, people in crisis who have co-occurring physical health issues (i.e., wheelchair, diabetes, seizure disorders), and behavioral issues. Additional funding could be provided to the ASOs to support the needs of the crisis providers in their catchment areas. This flexible funding could be used to create "super WICS", retain and recruit staff, train staff to serve people with co-occurring conditions etc... Crisis system could provide respite options for children and families.	$5M	$10M	**63%**	Community grant?
45	**3.A. Competency: Repurpose Ridge View:** Use one-time funds to repurpose Ridge View to create additional beds for step-down psychiatric treatment services and to provide initial funding for beds that are not paid for by an existing source. Note that this is alternative use of Ridge View than the Governor's proposal, which can be found in the beds section below.	$20M	$40M	**64%**	Combine with Gov. proposal and other adult bed proposals. Direct funding
71	**Governor's Ridge View proposal:** This would provide about 250 beds to address homelessness and substance use disorder. These funds would come out of the economic development and recovery task force.	$45M	$45M	**61%**	Combine with other Ridge View proposal AND incorporate mental health to be fully integrated, including apply for 1115 waiver discussed in #25. Direct funding.

Low scoring items

Governor's Denver proposal: Simiilar to Ridge View, but without a site identified yet.	$50,000,000	$50,000,000	**42%**	6. 68 Adult bed package. Ensure incorporate mental health per 71.

Immediate Life-Saving Activities (including Opioid Response) Package

High scoring items (about $20 m)

3. Treatment on Demand: System redesign grants: A. Fund system redesign grants to hospitals, withdrawal management, providers, primary care, and SUD treatment providers to redesign access to SUD treatment. B. Telehealth Consultation: Provide funding to providers to create telehealth partnerships with an approved provider to support medication assisted treatment and outpatient services, including peer navigation. C. Mobile Medication-Assisted Treatment and Training Grants: Fund additional MAT units for rural and frontier areas of the state with start-up costs. D. Eliminate any requirements for prior authorization to fill buprenorphine products for the treatment of opioid use disorders.	$3.2M	$3.9M	**93%**	A portion combined with Community based MAT, reciprocity telehealth investments. Community based grant?
5. Naloxone Bulk Purchase: Fund the Naloxone Bulk Purchase Fund for additional 5 years. Addresses the urgent need of increasing overdoses by providing the life-saving antidote, naloxone to eligible entities. Saves state 62% per naloxone kit by using bulk purchase. In the state of CO, immunity is provided for use of expired naloxone. Require evaluation plan to target those most at risk.	$7M	$10M	**83%**	Direct purchase
6.B. MAT Community Based: Provide technical assistance to support Colorado communities in their efforts to identify their community needs and secure sufficient recovery support services for people with substance use disorder (SUD), especially for those transitioning from incarceration. Develop and deliver presentations to the opioid settlement governance coalitions to enable them to make informed choices regarding community-based recovery support services they may want to consider, building on the Colorado Recovery Strategic Plan. Additionally, expand the number of certified peer recovery coaches in Colorado by developing a workforce development plan for peer recovery coaches in the state as well as provider training on recovery-oriented clinical care, including an emphasis on connection to peer recovery coaches during treatment in jails and the transition back to the community.			**77%**	Combine with jail-based MAT to be transformational. Community grants?
6.A. MAT Jail-Based: Establish a comprehensive MAT program for alcohol and opioid use disorders (OUD) in Colorado jails by expanding current jail-based MAT efforts in alignment with the current Jail-Based Behavioral Health Services Program of the Office of Behavioral Health. This Aim expands current MAT efforts in jails and establishes a comprehensive MAT model for Colorado jails founded on evidence-based practices and continuity of care as a priority by working closely with the OBH Jail-based Behavioral Health Services (JBBS) team and county jails to facilitate a multi-tiered	$5M	$5M	**76%**	Combine with community-based MAT and encourage treatment by community providers as part of the model. Incorporate into jail practice transformation efforts. Consider in community-based grants.

approach, seamlessly integrating jail-based MAT for opioid and alcohol use disorder with fully-defined and well-vetted connections to community-based treatment and recovery support services options.				
4. Harm Reduction: Direct Services and Supplies to Prevent Overdose, HIV/Hep C (Harm Reduction Services): - Provide at minimum $5 million to syringe service providers in Colorado through CDPHE through the HIV/STI program. Provide startup costs for one-time funding of enhanced drug checking technology to be housed at Rocky Mountain Poison Drug Center	$5.2M	$5.2M	**72%**	Direct funding.
Audit/ Sunset Review of Behavioral Health Line Item: Identify programs and line items that should be audited or undergo a sunset review. Potential Items include: 1. Strategic Individualized Remediation Treatment (STIRT) OBH, 2. Jail Based Behavioral Health Services (JBBS) OBH, 3. Offender Behavioral Health Services OBH, 4. Correctional Treatment Cash Fund (CTCF) Judicial, 5. Offender Services Judicial, 6. Approved Treatment Provider program Dept. of Corrections, 7. Problem Solving Courts (with a focus on the lack of courts that are accredited by the state) Judicial	$100,000	$100,000	**78%**	

Moderately Scoring items (or those not scored)

56	**6.C. MAT Department of Corrections:** Evaluate the implementation of expansion of medications for addiction treatment in jails as well as the connections to community-based recovery services	TBD	TBD	**65%**	Direct funding

Low Scoring Items (or those not scored)

59	**NEW Proposal: Improve public health and law enforcement responses to drug overdoses:** Implement and require participation by public safety and public health personnel in the Overdose Detection Mapping Application Program (ODMAP) in Colorado, an emergency medical service tracking and reporting system, to facilitate expeditious public health and law enforcement responses to save lives in Colorado drugs. Rural and frontier areas will be the priority for this team. In addition, establishes a statewide illicit drug coordinating council and investigation and enforcement team. Rural frontier areas will be a priority for this team. The investigation team is expected to cost $8.2 M. No funding allocations are associated with the other aspects of the recommendation.	$ -	$8.2 M	**44%**	Do not fund
	NEW NEW Proposal: Target highest prescribers				

2. People are able to access services when they need it and as early in the continuum as possible. (Prevention and Intervention services)

Primary and Pediatric Care BH Integrations Package

High Scoring Items ($1.5m)

18	**2.B. Prevention: School based Health Centers:** Support five new Funding to Operations grant contracts, managed by the Colorado Department of Public Health & Environment. These sites will be targeted to the highest need schools/school communities.	$1.5 M	$1.5 M	**89%**	Several people expressed interest in combining with mobile response, youth walk-in centers and generally community-based centers to ensure sustainability. Others indicated every school in the state should have one.

Moderately Scoring Items

20	**3. Consultation (Colorado Pediatric Psychiatry Consultation and Access Program):** The Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) should be funded to grow to cover the entire state in order to support children throughout Colorado by a standard, well established model after the conclusion of their current funding through HRSAs Pediatric Mental Health Consultation Access program in 2023.	$2.6 M	$2.6 M	**63%**	35. Workforce training and integration opportunity
26	**4.A. SIM 2.0: Integration of Physical and Behavioral Health - Practice Transformation Grants + Support Teams: -** Small grants program for 400+ health care providers (up to $200,000 each) to be used as seed funding to integrate physical and behavioral health care. These grants could support workforce development, infrastructure, HIT investment, community engagement, and/or business development for sustainability. Focus areas could include: pediatric BH, co-occurring disorders, SUD, SDoH and Care Coordination. Support team should include clinical and business experts to support clinical best practices and sustainable billing.	$45M	$45M	**51%**	Focus on LGBTQ+ and BIPOC practices? Community grant? Rather than have separate grant program, have one that includes providers for this purpose.

Low Scoring Items

17	**P2.A. Prevention: Universal Screening:** A one-time investment to train professionals who work with children and youth to incorporate Screening, Brief Intervention, Referral to Treatment (SBIRT) into their practices.	$4M	$4M	**48%**	35. Combine with training. Components to broaden SBIRT to include MH could be funded separately.
28	**4:C: SIM 2.0: Integration of Physical and Behavioral Health - Connecting Patients to Social Services:** Invest in methods that assist care teams in identifying and connecting patients to resources that help meet patient needs; one example could be to build on the regional health connect program that was initiated through SIM	TBD	TBD	**43%**	22. Combine with integration of care technology solution?
27	**4:B. SIM 2.0: Integration of Physical and Behavioral Health - Payer Transformation Grants:** Grant program for health care payers (up to $2 million each) to be used to	$2M	$10 M	**36%**	Do not fund

	incentivize payers to transition their business models to alternative payment models that better sustain integrated practices. These grants could support cost analytics, infrastructure, HIT investment, business analysis and development, and/or workforce training.				
29	**4:D: SIM 2.0: Integration of Physical and Behavioral Health - HIT Investments (see EHR lite above):** Connect remaining providers to the health information exchanges and technology systems that support integrated care models.			**32%**	Do not fund or combine with integration of care technology solution

Children, Youth, and Families Community Services Package

High Scoring Items ($40.3 M)

11	**1.A. Child Welfare, Juvenile Justice, & Community Supports: Regional Walk-In Centers:** Ensure there is a youth and family oriented walk-in 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. Base services include: 1) Connection to at least six flexible beds associated with other recommendations and efforts underway, 2) Youth mobile response to support schools, 3) Withdrawal management, 4) Crisis stabilization, and 5) SDOH supports, which in part ensure families can participate in treatment. May be tied to existing infrastructure (i.e., FQHCs, CMHCs, Family Resource Centers). Such centers are necessary in many areas in the state because youth service, including the missing middle, are absent in many parts of the state. These centers are envisioned to build out the hub and spoke model beyond beds.	$40M	$40M	**71%**	Combine with other walk in centers proposal under integrated? Community grant?
14	**1.D. CW & JJ, & Community Supports: Expand caregiver interventions:** Further develop and support an infrastructure and standards for intensive psychoeducation, coaching, and support for caregivers of children and youth with behavioral health challenges, including for therapeutic foster and adoptive homes retention and training.	$0.3 M	$0.3 M	**70%**	Combine with HFW and respite centers and other youth services to integrate care giver interventions into these practices.

Moderately Scoring Items

16	**1.F. CW & JJ, & Community Supports: High Fidelity Wraparound:** Invest in training high fidelity wraparound coaches and facilitators as well as start-up costs and necessary systems. Pair with examination of policies to ease ability to hire facilitators and coaches. Support this work and workforce by consolidating OBH and other agency behavioral health training, coaching, credentialing, and technical assistance services into a Cross Systems Training Institute and a Learning Management System.	$10 M	$10 M	**58%**	35. For Cross systems training institute components. 16. Expand HFW to include other evidence-based practices to serve young people.

Crisis Response, Diversion, and Competency Package

High Scoring Items (about $44m)

43	**1. Crisis Response and Diversion (pre-arrest): Co-responder, community response, and mobile crisis response:** Fund communities to develop or expand diversion programs for individuals at risk. This would include STAR, Mobile response, co-responder models, etc.	$27.2M	$27.2M	**80%**	Incorporate youth mobile response into this recommendation. Community grants?
12	**1.B. CW & JJ, & Community Supports: Youth mobile school response:** Provide youth mobile response, connected to regional walk-in centers, to contract with schools to provide crisis response and supplement counseling and social work services as needed. May be associated more broadly with the community.	$10M	$10M	**63%**	Combine as part of crisis response and diversion co-responder and community response. Allow for funding for school specific supports. Community grants?
51	**3.G. Competency: Imminent (short-term) Funding Needs:** 1. Contract for existing inpatient beds and housing subsidies. 2. Coordination of a state-wide stakeholder group to work together to identify people who should be released from jails, cases that should be dismissed, and existing resources for these people. 3. Funding to train judges. 5. Contract assisted living beds. 6. Immediate incentives for new employees (and bonuses for existing) in order to recruit and retain staff at CMHIP, increasing wages for direct care staff. 7. Executive Order to allow for out of state hiring for CMHIP/CMHIFL	$5M	$20M	**74%**	Combine beds components 1 and 5 to adult beds section.
49	**3.E. Competency: Intensive Community-based Services:** Fund services for intensive community-based interventions to be provided by local, community-based agencies to meet the needs of people who are justice-involved or at risk of justice involvement in their regions. These services should be full funded for an initial period of (3-5) years, during which time gaps in payer sources can be assessed and additional sustainable funding can be sought.	$2M	$20M	**70%**	6. Consider modifying to focus on evidenced based practices that have a return on investment <<recycle funding through social impact bonds?>>

Moderately Scoring Items

47	**3.C. Competency: Diversion:** Expand and diversify availability of programs to divert people with MI/SUD away from the criminal justice system to prevent them from ever needing competency restoration/evaluation: 1. Give additional funding to the adult	$4M	$11.5M	**61%**	

	diversion programs though the state court administrator's office. 2. Create a funding pool to allow jurisdictions to apply for funding for Individual diversion programs. 3. Explore creating authority for judicial diversion (which can be done in partnership with Bridges). 4. Consider making the competency population a special population within HCPF & provide resources to manage the population with the RAEs as they could provide covered services for eligible members as a requirement of the contracted network adequacy plan				
46	**3.B. Competency: Competency Dockets:** Create additional competency courts in judicial districts that order the most competency evaluations and restoration treatment. The top four Include: 2nd (Denver), 4th (El Paso/Teller), 18th (Arapahoe/Douglas) and 1st (Jefferson and Gilpin). The funding will pay for an initial 3-year pilot, pay for personnel to specialize in competency, and fund a position within the state Office of the Public Defender to provide technical assistance on competency and other mental health cases.	$5.2M	$15.5M	**61%**	Include with Bridges program and add policy related to expanding the types of providers that can serve competency dockets to include: Advanced Practice Registered Nurses in Psychiatric Health with prescriptive authority in Colorado.

3. People with behavioral health needs are connected to services across the continuum (Access)

Care Navigation & Coordination Package

High Scoring Items (about $28M)

30	**NEW Proposal: 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	$ -	$25,000	**78%**	Need to make sure connected to actual resources. Combine with tech proposal and human regional investments Direct funding.
23	**1.B. Resource Navigation and Care Coordination human and regional investments:** Augment existing infrastructure (e.g., community mental health centers), and develop additional regional centers as needed to support a localized resource navigation system for each region of the state, with the following features: - Support a hub and spoke model for treatment. - Connect to the statewide resource navigation hub to connect providers across systems and their capacity. - Be accessible through a unified phone / text number that connects people to the local resource center. - Connect people to existing and increased capacity for high acuity care coordination / case management models. - Integrate an accountability system, including review requests, evaluation, outcomes dashboard, and complaint system into the resource navigation hub and service models. - Support workforce training of peers as navigators.	$25M	$25M	**68%**	Tie to technology investment and 988. Community grant?
57	**7. Medicaid in the Jails & Community Corrections & Department of Corrections:** 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	$1M	$3M	**75%**	This is primarily an opportunity to expand access upon leaving CJ settings

	amount of treatment dollars the criminal justice system needs to access via the state General Fund.				
Moderately Scoring Items					
25	**3. Create policies to ensure a safe discharge from hospitals and reduce preventable readmissions. (Policy):** A. Contractual language to hold hospitals accountable when unsafe discharges happen and readmissions occur. B. Ensure that psychiatric hospitals and residential treatment settings provide intensive pre-discharge and care coordination services. C. Assess the housing situation of individuals transitioning to the community from such settings. D. Such settings have protocols in place to ensure contact is made within 72 hours of discharge and ensure follow-up care is accessed. E. Explore Medicaid 1115 waiver for mental health in addition to the one Colorado has on SUD. F. Fund to allow for extended stays. G. Interoperability between SUD and mental health data (see resource navigation above). H. Evaluate Assisted Outpatient Treatment model to increase standard of care through Assertive Community Treatment.			**62%**	
48	**3.D. Competency: Expand Bridges Program (competency)** Fund 58 additional positions for court liaisons and 3 administrative supports to expand scope of Bridges program to Include higher percentage of people with MI as well as to successfully divert not only out of jails, but out of the CJ system altogether	$11.7M	$23.4M	**61%**	Bridges aims to connect CJ population in the courts to BH services in community. As such, it could be connected to regional centers with navigation support and tied into the resource navigation hub.
Low Scoring Items					
22	**1.A. Resource Navigation Hub and technology investments** Additional funding to do the following to support community providers in connecting to the digital care coordination platform that is funded through SB 137: 1) Connections to and use of shared care coordination system and HIEs at scale. 2) An EHR Lite--meaning a single platform for paper based organizations to participate in the ecosystem for care coordination. - Data model upgrades for providers to improve local provider to provider exchange of information through a standard data model such as HL7. This would allow for more community coordination across different types of behavioral health providers. 3) Review with Dept of Public Safety on Criminal Justice information platform piece (currently have funding for	$15M	$15M	**49%**	Ensure broader package with 988 and connection to navigator network across the state.

	$20M over 5 yrs). 4) HCPF has prioritized $15M for interoperability for SDOH (social determinants of health) platforms (6 or 7 in the state); $12M will go to platforms being interoperable; supplemental funding for increasing effectiveness. Micro-grants for local partners - Ensure each system can talk to one another; honeycomb of each build on one another				

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

Grant package: Grants are a mechanism to disperse funding and several appropriate items can be integrated into the grants. Therefore the total funding allocation should not be counted twice.

High scoring items (funding allocation not prescribed as funding from other concepts will be incorporated int a grant program)

2. Community Investment Grant - Funding for Community Based Orgs (Note this aims to align with the Governor's proposal) Support the behavioral health work of community-based organizations, by building capacity for sustainability to meet the immediate behavioral health needs of people served.	$30M	$40M	**81%**	Combine with investment grant
1. Community Investment Grant - Funding to Local Govt (Note this was expanded beyond the County Behavioral Health Grant Program from SB21-137 for supporting and delivering basic safety net services in human services, public health and criminal justice to align with the Governor's proposal). Expand County Behavioral Health Grant Program from SB21-137. Continue this grant program for January 1, 2023, January 1, 2024 and December 31, 2024. This would serve Counties, municipalities, community based organizations, and Tribal Nations. Note that there is another $100,000 of Economic Recovery and Development TaSk Force dollars identified in the Governor's proposal for grants to address homelessness to local communities.	$90M	$100M	**76%**	Combine with CBO. Incorporate into funding per below items marked for grants to specify where funding allocations go.

Low scoring items

1. Grant Writing Support: Fund the Grant Writing Assistance Program for Substance Use Disorder Prevention, Treatment and Recovery	$800,000	$800,000	**47%**	If keep, pair with community investment

					grant.

Other

24	**2. CCBHC:** Require the State of Colorado to develop a Certified Community Behavioral Health Clinic (CCBHC) Model in Colorado and provide capacity building funds for providers meeting criteria	$4M	$4M	**51%**	6. Move forward policy, and combine with grants to providers to help transform practice.

5. Trained, qualified, and diverse workforce is sufficient to meet needs. (Workforce)

Expansion and Recruitment Package

High scoring items (unkown)

#	Proposal	Description	Low end	High End	Composite Score	Combinations & Modifications
33	**Recommendation on Workforce Expansion: Increase the opportunities to enter the behavioral health field in Colorado** Invest in a tiered and expanded workforce that includes clinicians, peer support professionals and other staff. - Establish foundational requirements for the training of both traditional and non-traditional workforce, including cultural and linguistic competency. Consider replicating other states that have created state approved trainings and exams to credential peer support professionals. - Expand professional and peer support affinity programs for individuals who have been impacted by institutional oppression to promote connection and belonging and opportunities for networking and professional development, particularly for people with co-occurring disabilities, people of color, LGBTQIA+ people and other prioritized populations.		TBD		**80%**	
34	**Recommendation on Expanding peer support specialists in the behavioral health workforce** - Use one time funds for scholarships for cost of training for peer specialist certification and for administrative costs for processing applications for peer certification by certifying organization(s).		TBD		**76%**	

	- Expand the peer support professional workforce to be available throughout the entire continuum of care of individuals, including newly diagnosed or newly engaged in the behavioral health system. - Invest in peer support programs of all types, including online access, for specific subpopulations: [SG4] MH, SUD, Drug Specific SUD, Criminal Justice involved, etc. - Using existing training programs, develop a plan to recruit and train a targeted number of peer support specialists per county based on population size within the next year. - Train peer support specialists for priority populations, including people with co-occurring disabilities and people who are deaf/hard of hearing/deafblind, through 2 year grants for hiring organizations for hiring peers				
41	**NEW Policy Proposal: Workforce Reciprocity** Modeling the policy proposal in Children Youth and Families, expand reciprocity so that other state licenses can be used in Colorado. Examine international licenses, especially for those that would provide cultural compenency for in need Colorado populations. As it stands now, this proposal does not include incentives for moving to Colorado, but could be used to expand the Telehealth workforce.	$ -	$ -	**75%**	Combine reciprocity proposals
13	**1.C. CW & JJ, & Community Supports: Reciprocity to expand the workforce** 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. Provide one-time moving stipend for specialty providers for children in partnership with providers in high need areas. Funding is associated with incentivizing 100 specialty children, youth, and family providers to come to Colorado and to work in partnership with those practices that are seeking a workforce need in this area.	$800,000	$800,000	**73%**	Combine reciprocity proposals

36	**Recruitment: Identify undergraduate students with an aptitude and interest in a health profession who will promote future diversity in Colorado Health Services Core (CHSC).** A. Utilize ARPA funds under the traditional CHSC model and allow other state appropriations to be allocated to long-term future benefit in support of diversity and access goals of the CHSC program. B. Identify undergraduate students with an aptitude and interest in a health profession who will promote future diversity in CHSC. For program purposes, diversity will be defined as 1) first generation college students, 2) graduates of rural high schools, 3) first generation immigrants, and 4) students who are Black, indigenous, or other persons of color.			**79%**	

Moderately Scoring Items

19	**2.C. Prevention: School Health Professionals Grant Program** Allocate additional funding to the School Health Professional Grant Program to address the unmet need in the program.	$5M	$5M	**61%**	A lot of interest in combining with workforce package. Alternatively, school based health centers.
32	**Recommendation on Workforce Recruitment: Expand recruitment methods to increase and diversify the behavioral health workforce** 1. Conduct research to understand the lack of appeal and diversity in the application field for behavioral health. 2. Examine other professions that have more diverse employee pools to identify best practices for recruitment and retention. 3. Identify the challenges faced by people who have felt the impact of marginalization in the field of behavioral health. 4. Identify the cultural barriers to entering the field of behavioral health and research how other communities have worked to reduce stigma with the profession[SG1] .	TBD	TBD	**62%**	

Workforce Training Package

High Scoring Items

38	**Educational and Academic Rural Hubs** Provide funding for established and accredited academic institutions to develop rural behavioral health academic hubs or satellite programs to support virtual licensure-track degree	$1.4M	$2.8M	**78%**	Combine with Community College recommendation. Community grant?

	programs. Programs can include Masters (social work, clinical psychology, counseling psychology) and/or Doctorate programs.				
37	**Community College IT Infrastructure & adjustment to number of hrs required for Certified Addiction technicians / Specialists** Put $8 million one-time funding into upgrading the IT infrastructure for rural community colleges for CAT/S and adjust requirements of hours to be imore n line with registered nurses or Licensed Practice Nurses. Currently CAT requires 1000 hours more than these professions and CAS 2000 more. (There has been a request for this amount to the IT committee so it could be possible to split the cost).	$4M	$8M	**75%**	Combine with rural hubs and other training proposals. Expand scope beyond CAT/S certifications. Community grant?
44	**2. Crisis Intervention Training** We recommend the state allocate ARPA funding to ensure every law enforcement officer, 911 call center employee*, and jail staff member* is trained in CIT. This may be accomplished in two ways: 1. Create a line item in the AG's Office of CDPS to create a grant program for CIT training and require it to be part of every officers training by January 1, 2027. 2. Require CIT to be part of the Peace Officers and Standards Training (POST) for new recruits starting July 1, 2022. *staff members who interact with people in crisis on a daily basis.	$9.3M	$9.3M	**77%**	Think across the system for training to have follow-ups -either refreshers or prompts to ensure training leads to practice and is measurable. Consider also combining with CJ mobile response. Integrate with Cross systems learning Management System mentioned in HFW recommendation. Direct funding

Moderately Scoring Items

15	**1.E. CW & JJ, & Community Supports: Cross training** Support all CMHCs & FQHCs by 2026 to be 1) culturally and linguistically competent and 2) serve a set of complex youth needs, including mental health, IDD, autism, SUD, and cooccurring conditions. Incentivize w/ rating system and consider higher Medicaid rates for certain cases.	$3M	$5M	**65%**	Integrate with Cross Systems Learning Management System mentioned in HFW recommendation. Direct funding?
35	**Recommendation on Workforce Training and Competency:** *A. Standards Development:* 1) Convene a workgroup of subject matter experts in equity, diversity and inclusion to establish workforce training standards and prioritize training opportunities for licensed and unlicensed staff, including those in the Safety Net continuum. (Funding). 2) Establishing standards and training that	TBD	TBD	**53%**	Direct funding?

	are needed for (1) the pre-licensed workforce, such as Master of Arts (MA) interns and MA graduates; and (2) Peer Support Professionals. (Funding and Policy) *B. Develop core competencies:*1) Develop minimum training guidelines that meet Colorado and National Core Competencies and Ethical Guidelines to maintain behavioral health core competency standards and ensure they are integrated into the Learning Management System funded by SB21-137. This should be part of any licensure, endorsement, or certification process. (Funding). 2) Implement standardized behavioral health competencies for unlicensed and non-traditional staff that are not monitored by a licensing Board or other professional entity. This may include non-degreed or bachelor degreed staff. (Funding). 3) Establish requirements for training that meet Colorado and National Core Competencies and Ethical Guidelines in positive behavioral health supports (prevention, de-escalation, and intervention) for licensed and non-licensed workers prior to working directly with individuals. (Funding) 4) Increase the expertise and competency of providers into safety net workforce strategies to improve access and cultural competency. Develop standards for culturally and linguistically responsive treatment programs to improve opportunities for early engagement for acute clients in need of services. (Funding). 5) Increase compensation for licensed and non-licensed individuals who complete cultural and linguistic training and corresponding assessments. (Funding)				

Low Scoring Items

	Comprehensive technology training platform: The Colorado Digital Mental Health Initiative CDMHI is seeking one time funding to expand the work we are doing across the state. We have research-proven experience in expanding through our Colorado TIN network to reach historically underserved communities. With one time funding, we could drastically increase our statewide partners to implement extraordinary workforce training for current mental health providers to seek the skills they need to support youth suicide prevention training, substance abuse prevention and treatment,	$10M	$20M	**39%**	Do not fund as is. Combine with other training with online / digital training as one strategy to meet training needs. Could integrate with Learning Management System mentioned in HFW proposal.

	and training for corrections facilities to ensure people in the corrections system get the whole-person care and step-down training they need to reduce recidivism and increase successful transitions.				

Workforce Retention Package

High Scoring Items ($50m)

40	**NEW Proposal: Stop the Great Resignation: Stabilize the Behavioral Health Workforce** Extend funding first authorized under HB20-1411 and SB21-137 to mitigate behavioral health workforce shortages. Allowable uses within the current contracts that should be extended include: • Payroll Premiums to support immediate market adjustments to counter the resource drain and inflationary pressures that are mounting in the face of the "great resignation" that is part of the sustained battle with COVID. • Hazard pay / Retention expenses, including salary increases targeted to retain staff in direct care roles. • Monthly bonus for Critical Services Direct Care (must provide services in person) staff (actual bonus amounts subject to the Contractor discretion, up to the maximum) • Paid sick leave, paid leave for mandatory quarantine and funding access to secure temporary staff to cover for those on quarantine (subject to budgetary maximums; Critical Services must remain sufficiently funded) • Telehealth-enabling tools (to be construed broadly, including software, hardware, services, and data packages) to better support and sustain care for underserved populations who may not have means to truly benefit from tele-health.	$50M	$50M	**70%**	Community grant?

Moderately Scoring Items

3	**2. Decrease Administrative Burden** Promote rapid access and increase the existing workforce capacity through reduced administrative burden	$2M	$5M	**59%**	Direct funding

6. There is integration and parity between physical and behavioral health (Integration & Payer policies)

Note that other integration recommendations are included in outcome 2, as these provide an opportunity for early intervention.

4	POLICY Proposal: Payer System	Through the BHA, the Departments (HCPF, CDHS, etc.) will draft a set of standards to be negotiated and memorialized in a contract that governs the administration and payment of publicly funded behavioral health services, thereby setting the operating standards between payers and providers.	$3,000,000	$3,000,000	**53%**	Direct funding