

Behavioral Health Administration's 2022 Behavioral Health Plan



COLORADO

**Behavioral Health
Administration**

September 30, 2022



To the Honorable Members of the General Assembly and People of Colorado:

This report 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. The BHA launched on July 1, 2022 with the understanding that the people of our state called for a Behavioral Health Administration that is inclusive, people-first, and expert in its approach to redesigning a system that meets the needs of all people in our state. We have much to celebrate at our inception, including the continuation of the program that provides free therapy for all Colorado youth, the launch of the BHA Advisory Council (centered in lived expertise), and the development of an innovative method for measuring access to equitable behavioral health care.

Having recruited a leadership team with nationally-recognized expertise, the BHA stands ready to implement the priorities of the Behavioral Health Task Force and bring forth a Systemwide Strategic Vision by January 31, 2023. Currently, we are already making history by convening, for the first time in our state, an interagency council of all Cabinet agencies that touch behavioral health for the purpose of strategic alignment and planning for a better future. Paralleling the work of this Cabinet Council, the BHA Advisory Council places lived expertise and local guidance at the center of design, ensuring development of practical, community-centered solutions.

As you read this report, we hope you can sense our excitement to prove ourselves trustworthy as the 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.

We will not be satisfied until we have successfully built, with you, a **system that truly puts people first**.

In partnership,



Morgan Medlock, MD, MDiv, MPH
Commissioner



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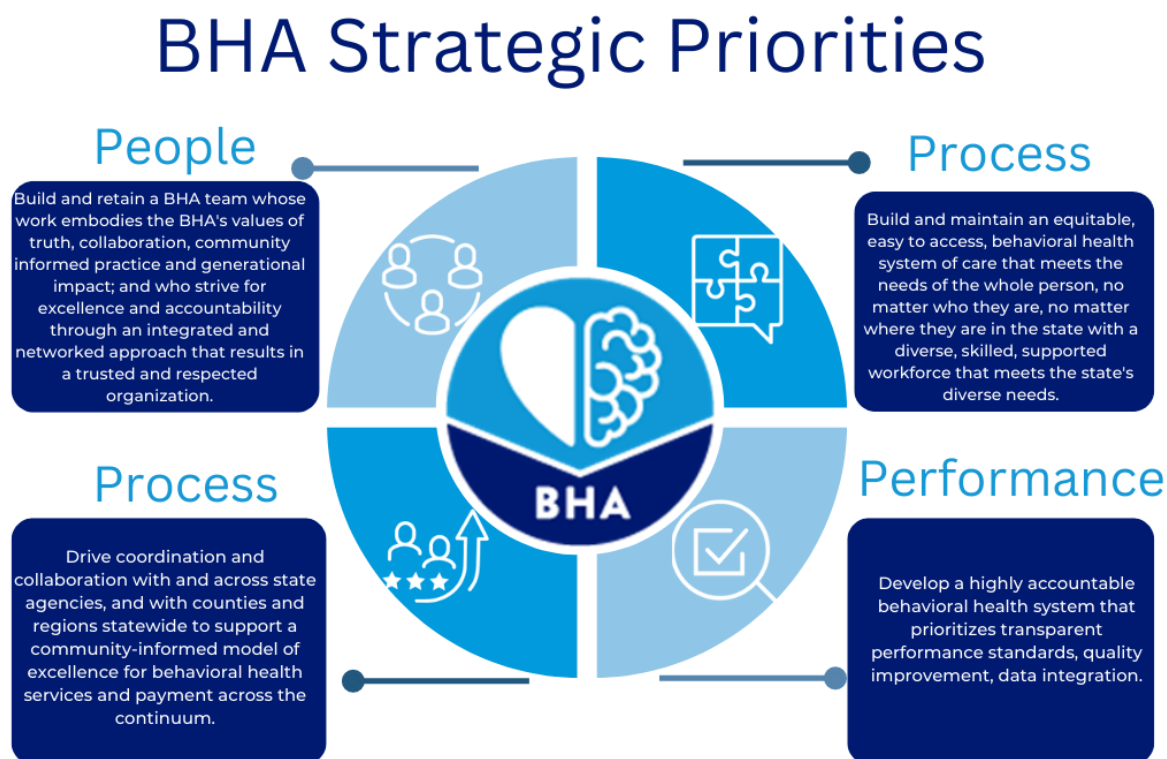
Executive Summary

Over the last four years, behavioral health reform has been led by the astute vision and strategy of Governor Polis and Colorado's General Assembly and informed by hundreds of Coloradans who have been actively engaged in re-imagining and re-designing the state's behavioral health system. This re-designed system, initially conceived by Governor Polis' Behavioral Health Task Force, established under [House Bill 21-097](#), and refined through research and cross agency, cross-sector, multi-level efforts, has become Colorado's Behavioral Health Administration (BHA) as authorized in [House Bill 22-1278](#).

The following is the BHA's inaugural Behavioral Health Systems Plan and offers a forecast of the BHA's strategic and responsive approach to achieving better outcomes for those with mental health and substance use concerns in Colorado. The BHA launched just three months ago, yet Colorado and the BHA already have much to celebrate regarding advancement of behavioral health reform. While the BHA is at 20 percent capacity as planned, the BHA has an expansive strategy and approach for behavioral health reform over the coming year as it reaches its goal of 50 percent capacity by June of 2023. Future Behavioral Health System Plans will reflect a full year of progress and implementation efforts.

This report outlines the four core strategic priorities for the BHA and provides updates on the status of behavioral health reform. To craft a sustainable culture of innovation, the BHA conceptualizes its work in terms of "People," "Process," and "Performance."

Figure 1. BHA Strategic Priorities



People

The BHA puts the people of Colorado first. Its creation was driven by individuals, family members, advocates, providers, policy makers, and other Coloradans who seek accountability for better outcomes.

Our Mission

The BHA created a vision, mission, and values reviewed and enhanced through stakeholder engagement. As the BHA team travels the state, the vision, mission, and values continue to be validated by Coloradans.

Purpose: All people in Colorado deserve to experience whole person health.

Vision: Behavioral health services in Colorado are accessible, meaningful, and trusted.

Mission: Co-create a people-first behavioral health system that meets the needs of all people in Colorado.



People-First Values

Underpinning our mission are the values of:

Truth: Being transparent and accurate when addressing the people of Colorado.

Equity: Naming root causes of injustices and allocating the necessary resources to support desired outcomes.

Collaboration: Working in partnership to realize a whole person behavioral health vision.

Community Informed Practice: Integrating evidence-based guidance with lived expertise.

Generational Impact: Engaging in meaningful and thoughtful action to create a new legacy.

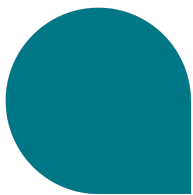
Justice, Equity, Diversity and Inclusion (JEDI)

The BHA embedded **Justice, Equity, Diversity and Inclusion (JEDI)** within the values and strategic priorities and is working to ensure it is the way in which the BHA functions rather than a component of its approach.

Intrinsic to the BHA is equity, specifically **naming root causes of injustices and allocating the necessary resources to support desired outcomes**. As a result, the BHA has built a strategic approach that moves from using an equity lens to **centering on equity**. To take this approach from the theoretical to the operational requires intentionality, commitment, and action. This includes taking an equitable and inclusive approach to collecting and analyzing data. It means a change in the way we educate, incentivize, recruit, train, retain, sustain, and reward our behavioral health workforce in order to build and maintain diversity and competence. It means continuing to ensure that representation of the voices, perspectives, and wisdom of people with lived experience are reflected within an Advisory Council for the BHA-something the BHA has already accomplished! It means acknowledging and acting on the understanding that social constructs such as racism are the risk factors, not race or one's identity. Equity is inherent to the BHA and part of the way it functions as it works to transform the behavioral health system in Colorado. Without purposeful attention and action to JEDI, the BHA will ultimately fall short of its goals and purpose.

A People-First Team for a People-First Mission

The people working for the BHA bring individual and collective passion, expertise, and commitment to changing Coloradans' lives. The BHA created positions dedicated specifically to engaging with historically underserved populations, including a Deputy Commissioner of Equity and System Effectiveness. In reaching this strategic priority, the BHA hired and built a leadership team bringing both national and state expertise in behavioral health policy, funding and program development. The BHA is committed to evolving standing administrative structures and processes in a way that positions the administration for success. One way in which the BHA is accomplishing this is restructuring and reorganizing what was once known as "Community Behavioral Health" to align with the functions of the BHA.



BHA Strategic Priority #1: Build and retain a BHA team whose work embodies the BHA's values of truth, equity, collaboration, community informed practice and generational impact; and who strive for excellence and accountability through an integrated and networked approach that results in a trusted and respected organization.

Meet the BHA Leadership Team

<https://bha.colorado.gov/about-us/leadership-structure>

The Behavioral Health Administration Advisory Council

The design of the BHA ensures that a diverse representation of individuals, family members, local communities, providers, and other stakeholders inform the BHA and hold the BHA accountable for reaching the vision and mission set forward. At the center of this representation is the Behavioral Health Administration Advisory Council (BHAAC) which is codified in legislation as part of the governance structure for the BHA. As envisioned, the BHAAC is a group of people with lived experience who meet regularly to inform, guide, and monitor the BHA's work.

The members of the BHAAC were announced, following an application process, on July 1, 2022 as part of the formal launch of the BHA.

- At least sixteen of the twenty BHAAC members have lived behavioral health expertise or are family members of those with lived behavioral health expertise.
- Eight of twenty BHAAC members are from racial/ethnically diverse backgrounds.
- Eight of twenty BHAAC members are Lesbian, Gay, Bisexual, Transgender, or Queer.
- At least eight of twenty BHAAC members are from “frontier or rural” communities.
- One BHAAC member represents each tribal government in Colorado-The Southern Ute and Ute Mountain Ute.
- Eleven of twenty BHAAC members have a disability or are a family member of a person with a disability or are part of an advocacy organization for persons with disabilities.

The BHAAC has met and is planning a retreat to initiate formal establishment of a governance structure, bylaws and working groups.

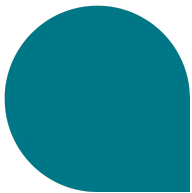
The Behavioral Health Administration Interagency Council

While the BHAAC is a critical connection to a cross-section of Coloradans, the BHA knows that strong, ongoing, effective partnerships with advocacy organizations, providers, counties, and other cabinet members and agencies is critical to the development of a responsive, streamlined, and coordinated strategy. These partnerships are critical because they provide the strategy, policy, and funding support to reduce fragmentation of the behavioral health system and provide opportunity for Colorado to address complex and systemic barriers to high quality care.

The Interagency Council is led by the BHA Commissioner and includes all agency executive directors. The Council, which has been meeting since August of 2022, works collaboratively to set meeting agendas that are designed collaboratively between the BHA and partnering agencies and has been meeting since August of 2022. The Interagency Council also launched a coordinated approach to behavioral health communications called the Behavioral Health Joint Information Center (JIC), to support streamlined behavioral health system related communication and to demonstrate a commitment to shared accountability.

The Process for Strategic Change: The BHA's Vision and Strategy for the Behavioral Health System

With the leadership and ingenuity of Governor Polis and the General Assembly, the state has an innovative and comprehensive vision for behavioral health reform. Effective stewardship of historic levels of behavioral health funding (at the federal and state level), legislative action, and state system design are priorities for all communities. The BHA is working rapidly alongside other state agencies to bring this vision to the people of Colorado.



BHA Strategic Priority #2: Build and maintain an equitable, easy to access, behavioral health system of care that meets the needs of the whole person, no matter who they are, no matter where they are in the state, with a diverse, skilled, supported workforce that meets the state's diverse needs.

The work of implementing this strategy has begun with great strides and with many additional initiatives in development over the coming year. Core strategies to improve equitable access and whole person care include:

The creation of [OwnPath](#) Care Directory, which launched on July 26th, 2022, to act as the “front door” for all people in Colorado to engage with the BHA. The directory provides a public-facing, web-based care navigation and coordination platform that improves accessibility, builds trust with community members, and is grounded from the start in understanding user needs. Within the first two months of the site’s launch, there were over 20,000 visits to OwnPath by users looking to identify behavioral health care.

The development of a web-based community toolkit, to be released fall of 2022, that will support local leaders in understanding the essential behavioral health services and workforce available in each community. The toolkit will support communities in conducting gap assessments in mental health and substance use services as part of the grant programs outlined in [House Bill 22-1281](#). These assessments will help to identify challenges for underserved and structurally disempowered populations in obtaining care and to identify other unmet needs in the community.

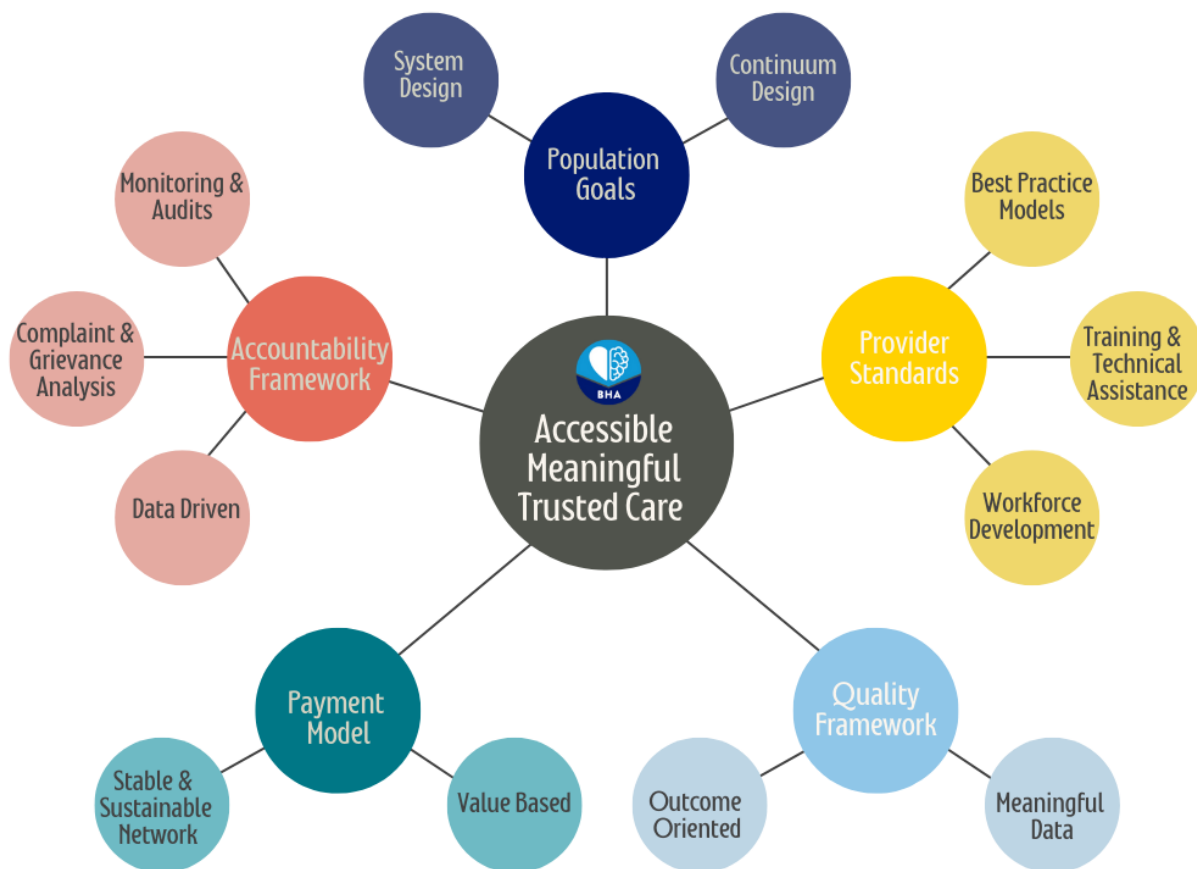
The Comprehensive Plan to Expand the Safety Net is at the heart of improving equitable access to care and meeting the strategic priority of whole person care. The BHA and Health Care Policy and Financing (HCPF) are working in close partnership to implement this broad reform as outlined in [Senate Bill 19-222](#). The BHA is currently in the process of re-writing behavioral health standards through a significant rule revision that will provide new safety net provider eligibility, service expectations, and accountability. This rule revision aligns with and expands the work that has been underway to create the Behavioral Health Entity (BHE) license. The principles guiding the rule rewrite are ensuring quality of service and accountability and reducing administrative burden to the extent possible.

The shared vision between state agencies provides a framework that:

- Addresses system fragmentation.
- Aligns policies, accountability, and regulatory oversight.
- Reduces silos in the current delivery system.
- Redefines a core set of 15 critical behavioral health services to be available in every region of the state to achieve a comprehensive and coordinated behavioral health safety net system.
- Includes new opportunities to participate in alternative payment methodologies with value based purchasing for comprehensive behavioral health provider agencies. The goal of these opportunities is to increase client access to High Intensity Behavioral Health Treatment Services that keep clients healthy and support a coordinated transition following an acute episode of care.
- Supports behavioral health integration in primary care settings.

The figure below provides an illustration of how the BHA sees the interconnected strategy for reform that will ultimately expand and strengthen Colorado's safety net.

Figure 2. Safety Net Design and Reform



Part of redefining the safety net and expanding access to high quality care is building a tailored, person centered, comprehensive approach to care for children and youth. The BHA is co-developing a Children, Youth, and Family Framework (CYF Framework) for Colorado. The Colorado CYF Framework will be grounded in the System of Care Values and Principles, which is family driven, youth guided, community based, and culturally and linguistically responsive. The goal is to create a system that supports accessible, meaningful and trusted services and supports. The BHA Senior Advisor for Children, Youth, and Families will be convening stakeholders including young people, family members and caregivers, partnering state agencies, family run organizations, affinity groups and others in the strategic planning process. The expectation of the BHA is that this work will be initiated in the first quarter of 2023 and continue into 2024.

Enhance and expand the crisis continuum. As part of national reform efforts, the BHA collaborated with many partners to prepare Colorado for the launch of the new three-digit national crisis line (988). Colorado will maintain two state crisis lines until summer of 2023 to ensure ongoing assessment of feasibility to merge the lines. The BHA will be delivering a statewide marketing plan for 988 during the ramp up to summer of 2023 to ensure Coloradans are prepared for this change.

The BHA has also been collaborating with HCPF to expand the Mobile Crisis Response (MCR) benefit as part of the state's commitment to operating a statewide crisis system that serves all Coloradans. The new MCR services will be available on a statewide basis to any individual in crisis regardless of their health insurance status. The new benefit is under Medicaid and is aligned with the American Rescue Plan Act (ARPA) requirements and national evidence-based and leading state best practices.

Creation of the Behavioral Health Administration Service Organizations (BHASOs), regionally based entities which will consolidate the current ASOs for crisis and the Managed Service Organizations (MSOs) for substance use prevention, treatment and recovery as well as other services. According to [House Bill 22-1278](#), the BHASOs will provide a continuum of behavioral health safety net services and care coordination and will be required to establish and maintain a continuum of care in their regions including, but not limited to, providing all behavioral health safety net services. The BHA launched a process to design the BHASOs in September of 2022, which will include a review of existing ASO models used nationally and lessons learned from other states.

Update on Care Coordination as another important reform effort. In early 2021, as part of the work outlined by the BHTF, there was a convening of people with lived experience. This convening produced a plan for a person-first vision of care coordination. These Coloradans identified the need for a centralized system to learn about and access services, specific to behavioral health as well as broader social and economic wellness needs. An analysis of Colorado's care coordination programs, as well as research collected by studying other states, informed a series of strategies and a set of recommendations to strengthen and scale successful care coordination programs within Colorado. See final design [here](#).

In addition, between January and May of 2022, a Care Coordination Policy Workgroup met twice monthly to outline policy and care coordination recommendations for the State. The group aimed to advance best practice for behavioral health coordination in Colorado and create a set of core recommendations. Final recommendations from this workgroup included focusing on definitions for care coordination services, supporting a care coordination infrastructure, improving care transitions and standards of care, establishing state-wide credentials for care coordination teams, and exploring opportunities to improve payment and accountability models. The full report of the workgroup can be found here: [Care Coordination Policy Workgroup Report](#)

Leveraging Opportunities to Improve Reimbursement for Integrated Physical and Mental Health Services is part of the BHA's role. The BHA's strategy for expanding integrated care will evolve over the coming year as part of its overarching strategy. However, designing opportunities for integrated care is part of the safety net expansion and the BHA is tracking and supporting current efforts led by HCPF to expand Medicaid and Children's Health Plan Plus (CHP+) reimbursement for integration in efforts across the system as a whole.

Updates on Formal Agreements and Collaboration with State Agencies

The BHA understands that collaboration is an essential process for reducing fragmentation and improving the overall state's strategy for behavioral health. As a result, it has incorporated collaboration as a central strategy.



BHA Strategic Priority #3: Drive coordination and collaboration with and across state agencies, and with counties and regions statewide, to support a community-informed model of excellence for behavioral health services and payment across the continuum.

The BHA is in the process of developing and executing **Formal Agreement Documents (FADs)** with partner State agencies. The BHA represents a paradigm shift from vertical to horizontal behavioral health governance in Colorado. The process of developing and refining the FADs provided BHA and partner agency leadership and staff the opportunity to thoughtfully envision what their long-term partnerships will look like. Everyone engaged in the process approached this work with a spirit of collaboration and shared values and with the collective interest of all Coloradans in mind.

Collaboration and Implementation of the BHTF's Nineteen Priorities

The BHTF identified the **top nineteen recommendations across the pillars of reform**. Most of these are shared initiatives between the BHA and other agencies and provide a targeted set of actions to meet the vision of the BHA and broader behavioral health reform in Colorado. This report provides an update on the progress towards reaching these goals and demonstrates the strong commitment of the BHA and partnering agencies in implementation of behavioral health reform recommendations.

One of the most complex recommendations within the nineteen priorities is **Building a Single Fiscal Management System**. In close partnership with HCPF, the BHA has been working on streamlined behavioral health claims and eligibility processing. Funded through a 2021 budget request and approved by the Joint Technology Committee and Joint Budget Committee, this effort is aimed at reducing duplicative processes, improving the state's ability to pay for behavioral health services (Medicaid and non-Medicaid) through the same system, and to improve enrollment efforts across payers.

Update on Performance Standards

The need for an accountable and effective state leadership body for behavioral health is part of what drove the creation of the BHA. From testimony heard during the convening of the BHTF through the creation and design of the BHA, stakeholders asked for high accountability and a BHA that would improve performance, transparency, and the quality of monitoring within Colorado's behavioral health system. Accountability and high performance are therefore also part of the BHA's strategic priorities.



BHA Strategic Priority #4: Develop a highly accountable behavioral health system that prioritizes transparent performance standards, quality improvement, and data integration.

Performance-Building Internal Organization Capacity to Support Performance Monitoring is a top priority for the BHA for performance monitoring. The BHA has initiated work internally to build capacity, infrastructure, and expertise within the BHA to meet the expectations of the model. Internal development has meant restructuring the role of data collection, reporting, and analysis within the BHA as well as building internal infrastructure to better support core functions of the BHA, such as quality measurement, quality improvement, standards monitoring, statewide programming, and payment. The BHA is engaged in ongoing transition which also includes significant technological changes that are covered more thoroughly in this report.

Performance-Access to Equitable Mental Health and Substance Use Care, A Framework and Methodology has been created. Governor Polis and the BHA are committed to accountability for improving access to care—one of the chief concerns of individuals, family members, communities, and advocates across the state. The BHA has a Wildly Important Goal (WIG) with the Governor's office to implement access to care methodology for the safety net system and publicly report on the baseline metrics by June 30, 2023. The BHA designed an access to care methodology to enhance the state's ability to monitor access to care and to share transparent information with the public on progress. Although there are existing measures for access to care, these measures have limitations and often are out of alignment with what is heard from Coloradans and local communities about barriers to care. As a result, the BHA developed a new access to care methodology that looks at accountability at all levels (State, Intermediary, Provider and Individual) and will continue to refine this methodology to ensure it provides visibility on access to care for the diverse communities of Colorado.

Performance—Building Value Based Payment and Universal Contracting Provisions is an important component of improving accountability and aligning payment and quality for Colorado. The BHA is working in collaboration with HCPF to build a payment model which aligns with the vision of a comprehensive and expanded safety net and that builds accountability for performance and outcomes. The BHA and HCPF are working towards a shared quality framework that can be deployed to support the goals of the new safety net system and takes into account the various providers involved in that system.

In addition, HCPF and the BHA are working to advance the vision of universal contracting provisions that will reduce fragmentation and duplication within the behavioral health system while enhancing accountability. The next phase of this work will be engaging more state agencies in discussion on universal contracting provisions and shared accountability.

Performance-Analysis of Grievances is under development with the launch of the BHA. In the design of the BHA, one of the main goals is to streamline the path for grievances and complaints for individuals and family members. The BHA developed an initial grievance policy which does not supersede other State Agency Grievance policies but exists concurrently and in coordination with such policies. The grievance policy can be found [here](#).

The BHA will accept and investigate all grievances and critical incident reports it receives in a timely and effective manner as outlined in [House Bill 22-1278](#). In collaboration with other State agencies and ombudsman offices, the BHA will stand up a comprehensive behavioral health system grievance resolution process that meets the needs of all Coloradans by July 1, 2024. The BHA is also planning for the first grievance report which will be published by June 2023 and will include a review and analysis of the grievances received by the BHA.

Conclusion

Though the BHA only officially launched in July of 2022, its expansive and ambitious vision has already made an impact in Colorado. The BHA has engaged key stakeholders from across the behavioral health sector in a variety of ways to develop and stand up a system that addresses the needs of the people it serves and the workforce who keep it operational. The BHA is committed to interagency collaboration and operates with the intention of streamlining processes, cutting down on duplicative efforts, and standardizing processes so that data sharing and communication can be seamless and efficient.

The BHA launched with many accomplishments and much more work ahead. The reform is still early, and change will take time; however, the path is set, the resources and authority are aligned, and the BHA and Colorado are on a journey to make behavioral health services accessible, meaningful, and trusted. The BHA initiates this journey with hope, with passion, and with high expectations for the future. It has a commitment to truth, equity, collaboration, community-informed practice, and generational impact as its compass.

Figure 3. Timeline for BHA Implementation in Next Year



Introduction



One of the strategic focus areas identified by Colorado to improve the lives of Coloradans is the bold reform of the state's behavioral health system. Central to the vision for behavioral health reform is the creation of the Behavioral Health Administration (BHA), as recommended by Governor Polis' Behavioral Health Taskforce (BHTF) in 2020. The BHA design was established through [House Bill 21-1097](#) and further refined through the most recent authorizing legislation of [House Bill 22-1278](#).

Throughout the last two years, hundreds of Coloradans across the state actively engaged in shaping the design and direction of the BHA. Central to engagement activities were the explicit solicitation of feedback from Coloradans with lived experience interacting with the behavioral health system and practitioners working in and around the system. These critical stakeholders gave voice to a vision for streamlined strategy and inclusive governance. Stakeholders described an ideal behavioral health system that focused on preventing, effectively treating, and supporting individuals with mental health and substance use conditions, as well as promoting emotional well-being and quality of life for all state residents. Stakeholders have set high expectations for state accountability for better outcomes as well as transparency of behavioral health funding, strategy, and equity in care. In helping to form the BHA, stakeholders sought a streamlined approach to behavioral health system design and a vision and statewide strategy to lead all partners to work together to build and deliver an effective and equitable continuum of services. As the lead for creating and implementing this statewide vision and strategy, the BHA is accountable to its role in partnering with state agencies, behavioral health system reform stakeholders, and to the General Assembly each year as the behavioral health system in the state is improved and enhanced to become a model for the nation.

The following report is the BHA's inaugural Behavioral Health Systems Plan, created pursuant to [C.R.S. 27-50-204\(1\)](#), to be presented to the Joint Budget Committee, the Public and Behavioral Health and Human Services Committee of the House of Representatives, and the Health and Human Services Committee of the Senate. Through their representation, this plan is also for the people of Colorado, who are seeking a strategic, thoughtful, and responsive approach to achieving better outcomes for those with mental health and substance use concerns.

Although the BHA just launched, Colorado and the BHA already have much to celebrate, as the stage has been set for sweeping improvements in behavioral health care quality for all Coloradans. This report, the first edition of the Behavioral Health Systems Plan, includes the overall vision for the behavioral health system, as well as an update on the status of system implementation and key activities to-date leading up to and since the system launch on July 1, 2022. While still at 20 percent capacity as devised, the BHA has an expansive strategy and approach for behavioral health reform over the coming year as it reaches its goal of 50 percent capacity by June of 2023. Future Behavioral Health System Plans will reflect a full year of progress and implementation efforts.

Organization of the Plan

In anticipation of the future release of the BHA's strategic vision, this report forecasts the four core strategic priorities for the BHA while sharing updates on current work and its alignment with that strategy. The report also provides an update on the BHA's Wildly Important Goals (WIG) for Governor Polis. The first WIG for the BHA is to ***Release the Behavioral Health Administration's Strategic Plan, including vision, mission, values, and prioritized key actions through 2024, by January 31, 2023.*** As the inaugural Strategic Plan for the BHA, this will be informed by the multitude of stakeholder engagement sessions that resulted in the launch of the BHA and feedback received since the BHA's launch through mechanisms such as the BHA's webpage, public comments, interagency council sessions, and public Behavioral Health Planning and Advisory Council and Behavioral Health Administration Advisory Council meetings. In this strategic plan, the BHA will present a vision for the future, including ongoing, meaningful, stakeholder engagement and community partnerships to ensure the BHA is aligned with the people's vision for behavioral health in Colorado.

The BHA has its priorities and outcomes outlined and in order to craft a sustainable culture of innovation, the BHA conceptualizes its work in terms of "People," "Process," and "Performance." This report, as well as the BHA itself, demonstrates the vision, mission, and plan for the BHA through the lens of these three core principles. Of course, the Behavioral Health Taskforce pillars remain foundational to the BHA's work and will continue to be used as a core structure for how work is strategically implemented.

People: Focusing on both the people of Colorado and ensuring that the BHA has the people to meet the vision and mission of the BHA.

Process: Maintaining commitment and focus to bringing the model of the BHA to life and to build the internal and collaborative relationships across the state to meet the bold vision for system design of Governor Polis' Administration.

Performance: Building the infrastructure and systems necessary for a strong foundation of data, accountability, and transparency for Colorado's behavioral health system to meet the needs of all people in Colorado.

Governor Polis has a performance Dashboard that provides a summary of performance on the Governor's "Bold Four" initiatives as well as other high-priority policy areas.

The State's strategic planning process relies on the framework of the "Four Disciplines of Execution", which emphasizes focusing on a few wildly important goals to effectively manage and achieve them in the midst of extensive daily responsibilities. For more information on department-specific goals and objectives, please take a look at the latest department performance plans [here](#).

Figure 4. The figure below demonstrates the BHA’s four strategic priorities within the framework of People, Process, and Performance

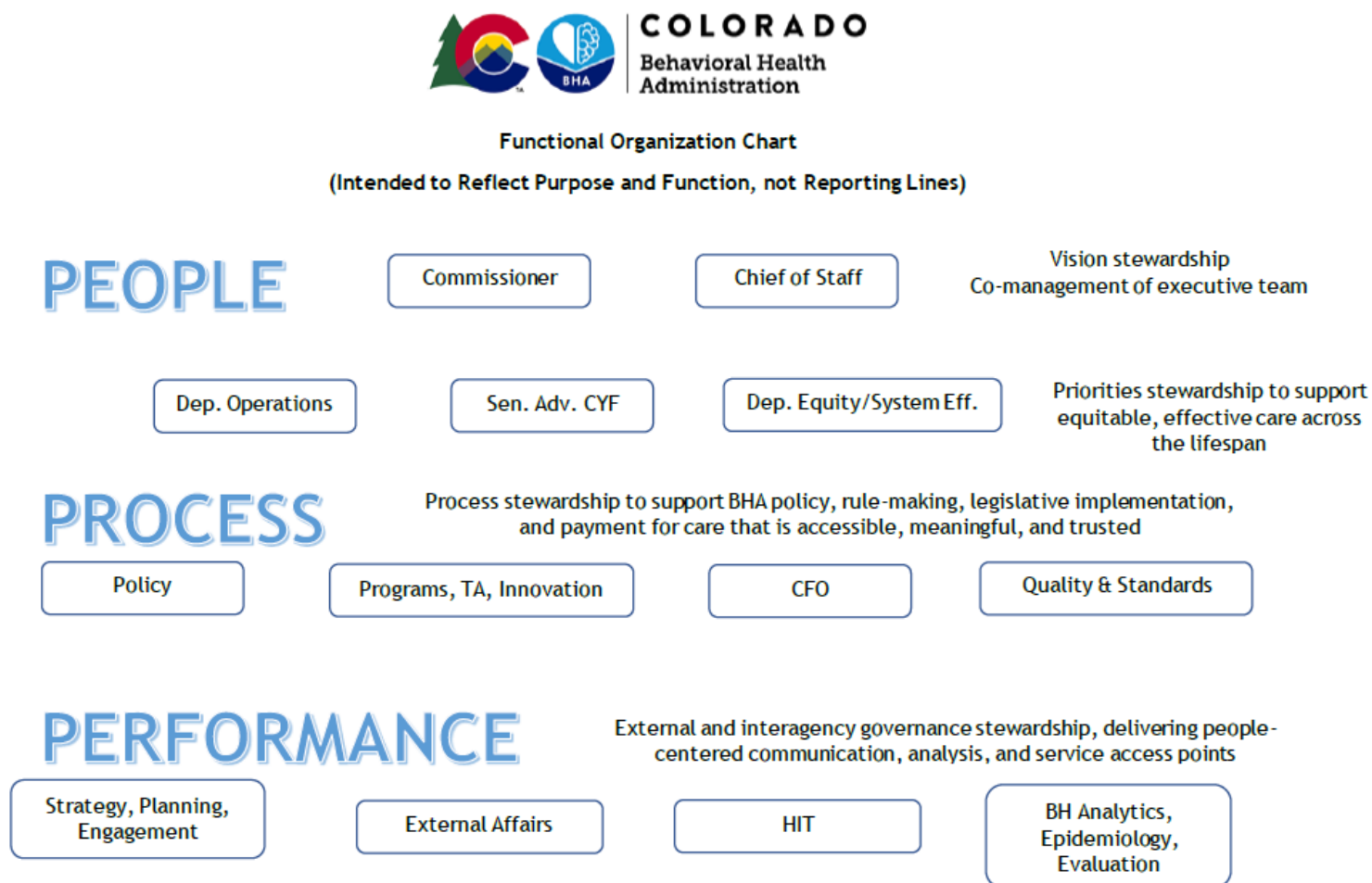


Figure 5. The figure below demonstrates the BHA's four strategic priorities within the framework of People, Process, and Performance.



People

The BHA puts the people of Colorado first. Its creation was driven by individuals, family members, advocates, providers, policy makers, and other Coloradans who seek accountability for better outcomes. As outlined in [House Bill 22-1278](#), the BHA is charged with creating a coordinated, cohesive, and effective behavioral health system in Colorado. As described in the Plan for the Creation of the Behavioral Health Administration, the BHA is designed to:

- Provide **ongoing system needs assessment** and planning.
- Be the single entity that is **responsible for driving coordination and collaboration across State agencies** to address behavioral health needs.
- Support a statewide approach to behavioral health, with the BHA working collaboratively to **set standards that are adopted across State agencies and in both the public and private sector.**
- **Implement a standard methodology** to be used across all State agencies and programs to collect and analyze data.
- **Support and work collaboratively with the Colorado Department of Health Care Policy and Financing (HCPF)** on management of a single fiscal management system to

account for all publicly funded services while providing transparent reports, dashboards, and insights to the legislature and stakeholders.

- **Support and work collaboratively with the Colorado Division of Insurance (DOI)** on mental health and substance use equity and parity enforcement and compliance.
- Prioritize, invest in, and **implement preventive strategies, in collaboration with the Colorado Department of Public Health and Environment (CDPHE)**, that mitigate escalation and help Coloradans thrive.
- **Set standards** for behavioral health services and programs.
- **Develop Universal Contract Provisions** for use by all State agencies when procuring services and supports related to behavioral health by July 1, 2023.
- Serve as a subject matter expert (SME), **informing best practice expectations** for entities with responsibility for behavioral health benefits, in collaboration with HCPF and DOI.
- **Assist Coloradans** in accessing behavioral health services, identifying providers, and understanding processes such as commitment procedures via a web-based public, centralized gateway.
- **Engage counties and local governments** in consistent strategic planning and shared funding efforts to address regional and community needs, recognizing that rural Colorado has distinct behavioral health needs.
- **Support individuals**, regardless of payer, when traditional grievance processes fail to bring individual or systemic resolution.
- Address and ensure the behavioral health system is **inclusive and equitable for all populations across all regions** of the State.
- **Identify and address affordability opportunities** to make behavioral health services more accessible.
- Facilitate a **statewide behavioral health financing strategy** and policy.
- Provide **transparency and accountability** for behavioral health system expenditures and performance; and ultimately.
- Be a **problem solver** with all partners to ensure the needs of Coloradans are put first.

People-First Means a Vision with Embedded Equity

An intrinsic value of the BHA is equity, and specifically, ***naming root causes of injustices and allocating the necessary resources to support desired outcomes***. As a result, the BHA has built a strategic approach that moves from using an equity lens to ***centering on equity***. In this way, equity will be foundational to how each strategy will be designed, implemented and evaluated. Moving forward, centering all work in equity will be an area for ongoing development and attention, as the BHA needs to build internal culture and adapt processes and approaches to ensure that JEDI remains at the center of the work. To take this approach from the theoretical to the operational requires intentionality, commitment, and action. This includes taking an equitable and inclusive approach to collecting and analyzing data. It means a change in the way we educate, incentivize, recruit, train, retain, sustain, and reward our behavioral health workforce in order to build and maintain diversity and competence. It means continuing to ensure representation of the voices, perspectives, and wisdom of people with lived experience are reflected within an Advisory Council for the BHA-something the BHA has already accomplished! It means acknowledging and taking action on the understanding that factors such as racism are the risk factors, not race or one's identity. Equity is inherent to the BHA and part of the way it functions as it works to transform the BH system in Colorado. Without purposeful attention and action to JEDI, the BHA will ultimately fall short of its goals and purpose.

Building an equitable system of care also requires that the BHA identify and amplify the voices of Coloradans who experience the impacts of discrimination, structural and systemic racism, and unequal access to care. The BHA must lead the way in building trust with individuals and communities whose needs have historically not been met, gain an understanding of what needs to change, continuously monitor the impact of changes to ensure the BHA achieves success and mitigates unintended consequences, and remove barriers that exacerbate inequitable outcomes. The BHA aims to cultivate intentional power-sharing partnerships that work to fill knowledge gaps with community wisdom and co-develop meaningful and impactful solutions. Amplifying the voices of those who have been historically silenced is essential for the BHA. To do this, the BHA will create shared governance with individuals and family members with lived experience and include people and communities that reflect the diversity of the state.

Our Commitment to Support Diversity, Equity & Inclusion

We, the Colorado Behavioral Health Administration, are devoted advocates of whole person health - a concept we believe is uniquely defined by each person as they navigate their individual lived experience. We acknowledge that some populations have not only been underserved, but have faced greater barriers, harm, and lack of access to necessary behavioral health services based on their identity/identities. Therefore, we commit ourselves and our inter-agency work to address social and structural determinants of behavioral health while coordinating comprehensive care for every person in Colorado. We exist to ensure everyone has equitable opportunities to achieve mental wellness, so we hold ourselves accountable for creating meaningful outcomes across the state - for you, for your loved ones, and for generations to come. Regardless of severity of need, ability to pay, disability, languages spoken, geographic location, racial or ethnic identity, socioeconomic status, sexual orientation, age, or gender identity, we believe in and advocate for all people in Colorado having:

- *Comprehensive, effective, and equitable care across their lifespan.*
- *Preventive and responsive supports - whether you are the recipient of care or a caregiver - that are reflective of your needs as they evolve over time.*
- *Clear guidance on how to access care when, where, and how you need it.*
- *Trauma-informed and culturally and linguistically responsive care.*
- *Affordable access to high-quality behavioral health services outside of emergent care or the criminal justice system.*
- *Interactions with a behavioral health workforce dedicated to the transformation of mental health service delivery practiced with cultural humility.*

A People-First Values System

To guide the creation of a new people first agency and approach, the BHA, and associated stakeholders, established foundational statements of purpose, vision, mission and values.

Purpose: All people in Colorado deserve to experience whole person health.

Vision: Behavioral health services in Colorado are accessible, meaningful, and trusted.

Mission: Co-create a people-first behavioral health system that meets the needs of all people in Colorado.

Underpinning these are the values of:

- **Truth:** Being transparent and accurate when addressing the people of Colorado.
- **Equity:** Naming root causes of injustices and allocating the necessary resources to support desired outcomes.
- **Collaboration:** Working in partnership to realize a holistic behavioral health vision.
- **Community Informed Practice:** Integrating evidence-based guidance with lived expertise.
- **Generational Impact:** Engaging in meaningful and thoughtful action to create a new legacy.

A People-First Team for a People-First Approach

The BHA's people-first approach starts with building the BHA's internal team. The first of four strategic priorities is:



BHA Strategic Priority #1: Build and retain a BHA team whose work embodies the BHA's values of truth, equity, collaboration, community-informed practice, and generational impact; and who strive for excellence and accountability through an integrated and networked approach that results in a trusted and respected organization.

The people working for the BHA bring individual and collective passion, expertise, and commitment to changing Colorado's lives. The BHA also created positions dedicated specifically to engaging with historically underserved populations, including a Deputy Commissioner of Equity and System Effectiveness, Tribal Affairs Officer, and Housing Affairs Specialist. In aiming to reach this strategic priority, the BHA hired and built a leadership team which brings both national and state expertise in behavioral health policy, funding, and program development.

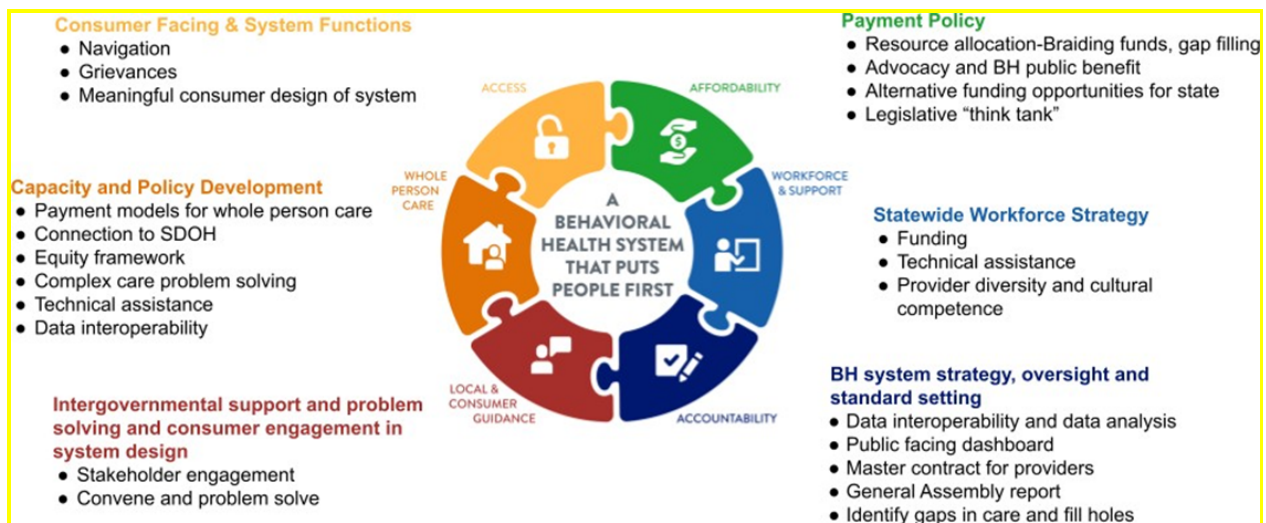
Meet the BHA Leadership Team

<https://bha.colorado.gov/about-us/leadership-structure>

The BHA is committed to evolving standing administrative structures and processes in a way that positions the Administration for success. One way in which the BHA is accomplishing this is restructuring and reorganizing what was once known as “Community Behavioral Health” to align with the functions of the BHA. Another example of this is the design and reorganization of the data and evaluation team (described in the Performance section of this report) in order to meet new expectations of accountability and public transparency in reporting.

It is essential that the BHA infrastructure is grounded in the BHTF six pillars, which are defined below, and describe the foundation for a high functioning behavioral health system. The BHA core functions are organized according to these pillars and this is part of the current efforts to build horizontal teams to ensure coordination across the BHA.

Figure 6. Examples of BHA Functions by Pillar



Definitions of Each Pillar

Access: Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.

Affordability: Financially accessible care for all Coloradans made possible by administrative efficiencies across Colorado’s behavioral health industry and payment models that incentivize and drive improved outcomes.

Workforce & Support: A culturally responsive and diverse behavioral health workforce that delivers high- quality health care access to all Coloradans.

Accountability: Collaboration across stakeholders to ensure that Coloradans are receiving the quality care that they need.

Local & Consumer Guidance: Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

Whole Person Care: Coloradans are best served and have the best chances for improved health when their physical and behavioral health care is integrated and when their social determinants of health are adequately addressed.

Behavioral Health Administration Advisory Council

The design of the BHA ensures that a diverse representation of individuals, family members, local communities, providers, and other stakeholders inform the BHA and hold the BHA accountable for reaching the vision and mission set forward. While there are processes built into the BHA to ensure that all Coloradans have a voice in shaping the BHA, the Behavioral Health Administration Advisory Council (BHAAC) was established to be a group of people with lived experience who meet regularly to inform, guide, and monitor the BHA's work. Following an application process, the members of the BHAAC were announced on July 1, 2022, as part of the formal launch of the BHA.

SHARING POWER, MAKING HISTORY

Nothing For Us Without Us

The impact for "us" (Colorado)
depends on the wellbeing of "us"
(BHA Advisory Council, BHA Team)

Biographies of Members of the Behavioral Health Administration Advisory Council (BHAAC)

<https://bha.colorado.gov/about-us/behavioral-health-administration-advisory-council>

The inclusion of the BHAAC is codified in legislation as part of the governance structure for the BHA. This is significant, because while other advisory bodies exist throughout state government, the BHAAC ensures that people with lived experience, who historically have not had a strong voice in policy making, are at the table co-creating a people-first system with BHA leadership. The BHA has therefore been thoughtful to ensure that this body reflects the diversity of this state and elevates voices that are often left out of traditional means of governance. The following statistics highlight the diversity of BHAAC membership:

- At least sixteen of the twenty BHAAC members have lived behavioral health expertise or are family members of those with lived behavioral health expertise.
- Eight of the twenty BHAAC members identify from racial/ethnically diverse backgrounds.
- Eight of the twenty BHAAC members identify as Lesbian, Gay, Bisexual, Transgender, or Queer.
- At least eight of the twenty BHAAC members identify with "frontier or rural" communities.
- One BHAAC member represents each tribal government in Colorado-The Southern Ute and Ute Mountain Ute.
- Eleven of the twenty BHAAC members have a disability, or are a family member of a person with a disability, or are part of an advocacy organization for persons with disabilities.

The BHAAC was created for the purpose of making recommendations to the Commissioner and the State Board of Human Services to improve the behavioral health system for children, youth, and adults. As outlined in [House Bill 22-1278](#), the BHAAC is responsible for:

- Providing diverse community input on challenges, gaps, and potential solutions to inform the BHA's vision and strategic plan.
- Providing expertise, on-the-ground perspective, and insights on implementation challenges as part of working groups which support the BHA in problem solving and developing solutions.
- Establishing working groups to support the BHA's mission.
- Ensuring there is public accountability and transparency through regular reviews of the BHA's public-facing transparency activities, including performance data.

The BHAAC is central in informing policy development, legislation, and decision-making for the BHA. The BHAAC will ensure accountability and transparency through regular briefings from the Commissioner on the progress of the BHA and behavioral health reform efforts, including performance measurement and data. The first meeting of the BHAAC occurred on August 18, 2022. Meeting slides and information about public testimony can be found here: <https://bha.colorado.gov/about-us/behavioral-health-administration-advisory-council>

An additional charge of the BHAAC is providing periodic progress and status reports to the General Assembly. Given the Council's August launch, members are still in the process of developing standard operating procedures, including a process for engaging with the General Assembly. As this work is developed over the coming months, the BHAAC will help inform the formal presentation to the General Assembly as part of the SMART Act Hearings, and going forward their voices will play a role in future iterations of this report.

The Behavioral Health Administration Interagency Council

While the BHAAC is a critical connection to a cross-section of Coloradans, the BHA knows that strong, ongoing, effective partnerships with advocacy organizations, providers, counties, and other cabinet members and agencies is critical to the development of a responsive, streamlined, and coordinated strategy. In the development of the BHA organizational structure, a new division was created to focus on engagement and partnership with identified groups and promote the vision of networked governance. These partnerships are critical because they aim to reduce silos that exacerbate health inequities and ensure the BHA is promoting and employing strengths, expertise, and unique roles in a combined effort to enhance and improve behavioral health services.

[C.R.S. 27-50-102\(2\)](#) established that the BHA Commissioner shall chair a regular meeting of executive directors of state agencies to ensure regular engagement and align state programs, resource allocation, priorities, and strategic planning efforts. The Interagency Council launched in August 2022 with the expectation of monthly meetings. The Interagency Council initially focused on understanding the existing reform efforts, receiving status updates on the BHA launch and implementation, and sharing updates on efforts across agencies.

Key priorities for collaboration include the care directory, shared grievance process, strategic planning, and workforce development initiatives. The meeting agendas are designed collaboratively between the BHA and partnering agencies. For example, September's meeting focused on workforce and was planned with the Colorado Department of Higher Education who co-presented and led discussion on the Healthy Minds Campuses initiative. Upcoming opportunities will focus on funding and solutions for the child and youth mental health crisis and coordination around federal funding opportunities among other priorities.

Behavioral Health Joint Information Center (JIC)

The Interagency Council also launched a coordinated approach to behavioral health communications called the **Behavioral Health Joint Information Center (JIC)**, to support streamlined communication and to demonstrate a commitment to shared accountability. Additional information on the BHA's collaboration with other agencies will be described in other sections of this report.

Creation of a shared behavioral health communications entity for strategic planning and to demonstrate publically that there is alignment across agencies.

To build trust with the people of Colorado, resulting in an increased connection to meaningful care.

The BH JIC will serve as the central point for behavioral health news media (press releases and media requests), speaking engagements, community outreach and engagement opportunities, info requests, and marketing collateral for the Colorado state government. The BH JIC will be an avenue for increased transparency, relationship building, and identifying opportunities for collaboration and joint messaging.

This is an all-hands opportunity for behavioral health collaboration and transparency. The goal of the BH JIC is to coordinate and align behavioral health messages and actions across all agencies, to ensure alignment with the Governor's vision for behavioral health transformation and the Behavioral Health Administration's (BHA) strategic plan and pillars, developed in partnership with other agencies and the Advisory Council.

The Governor's Health Cabinet created a shared WIG aimed at improving access to quality behavioral health services. The work needed to achieve this goal is already underway with the efforts to date including universal contract provisions, data sharing agreements, and the development of an initial shared grievance policy.

Interagency WIG: Improving Access to Quality Behavioral Health Services Establish new universal contracting provisions, execute data sharing agreements, begin the development of a patient-centered grievance process, and increase transparency to improve access to a more equitable and comprehensive behavioral health care system for Coloradans by June 30, 2023.

Communications, Marketing, and Public Information Officers representatives from all agencies that work with behavioral health services and programs, and other volunteers whose work touches behavioral health. Per the formal agreements, with the departments of Human Services, Health Care Policy and Financing, Regulatory Agencies, Division of Insurance, Education, Corrections, Public Health and Environment, Early Childhood, and Public Safety. Each agency has agreed to assign at least one person to attend and participate in the BH JIC.

Process

The BHA is the result of a long-term change process for Colorado's behavioral health system. The notion of a BHA was created out of years of work and engagement with Coloradans and diverse sectors to imagine a new future for behavioral health promotion, care, and recovery. This process was complex, sometimes contentious, but involved people committed to and passionate in seeking innovative, achievable, and meaningful change together. The BHA is building on that long history and important record of community and broad sector engagement-honoring the voices and work of those who contributed to the vision of a high functioning behavioral health system through ongoing process change, measurement, and improvement.

The Process for Strategic Change: The BHA's Vision and Strategy for the Behavioral Health System

With the leadership and ingenuity of Governor Polis and the General Assembly, the state has an innovative and comprehensive vision for behavioral health reform. Effective stewardship of historic levels of behavioral health funding (at the federal and state level), legislative action, and state system design are priorities for all communities. The BHA is working rapidly alongside other state agencies to bring this vision to the people of Colorado. To guide this work, the BHA is in the process of developing its strategic plan, and the BHA has set two strategic priorities to inform the work of the BHA in terms of process.

The BHA is meeting priorities through a number of key initiatives including creation of a new care directory for all Coloradans, expansion of the safety net and crisis continuum, improved opportunity for integrated whole person care and care coordination, the creation of the new behavioral health Administrative Service Organizations (BHASOs), and enhancing the workforce. Part of this strategy is also ensuring that children and youth have access to high quality care through a system that is strategically designed to meet their unique needs.



BHA Strategic Priority #2: Build and maintain an equitable, easy to access, behavioral health system of care that meets the needs of the whole person, no matter who they are, no matter where they are in the state with a diverse, skilled, supported workforce that meets the state's diverse needs.

Process—Enhancing Access to High-Quality, Equitable Care

An important and frequently articulated gap for stakeholders over years of advocacy for an enhanced system of care is creating timely access to high quality, effective behavioral health services. Improving access is paramount to the BHA's strategy with a focus on building equity, ease of finding services and ensuring that whole person needs are met. Access also means having a workforce and provider organizations who are trained and prepared to work with all populations and diverse needs. Throughout all of these efforts, the BHA is resolute in improving access for those who have experienced barriers, such as discrimination and structural marginalization when seeking care.



Achieving equitable access for all Coloradans is not merely about changes at the provider level, but requires a coherent strategy and approach to enhance the state's system. State agencies, intermediaries, local government, providers and individuals and families all have a role to play in solving the access to care challenges. The BHA is focused on rebuilding trust with communities who have the experience of their voices being silenced or needs being dismissed as well as listening to how people want to receive care to inform the design of services. Funding and strategic support to train and support the workforce in meeting the needs of populations must come next. A gap identified by providers is that they are often not funded to support all the populations they are asked to serve and this has to be part of the solution for the BHA-providing adequate payment and training to provide quality care.

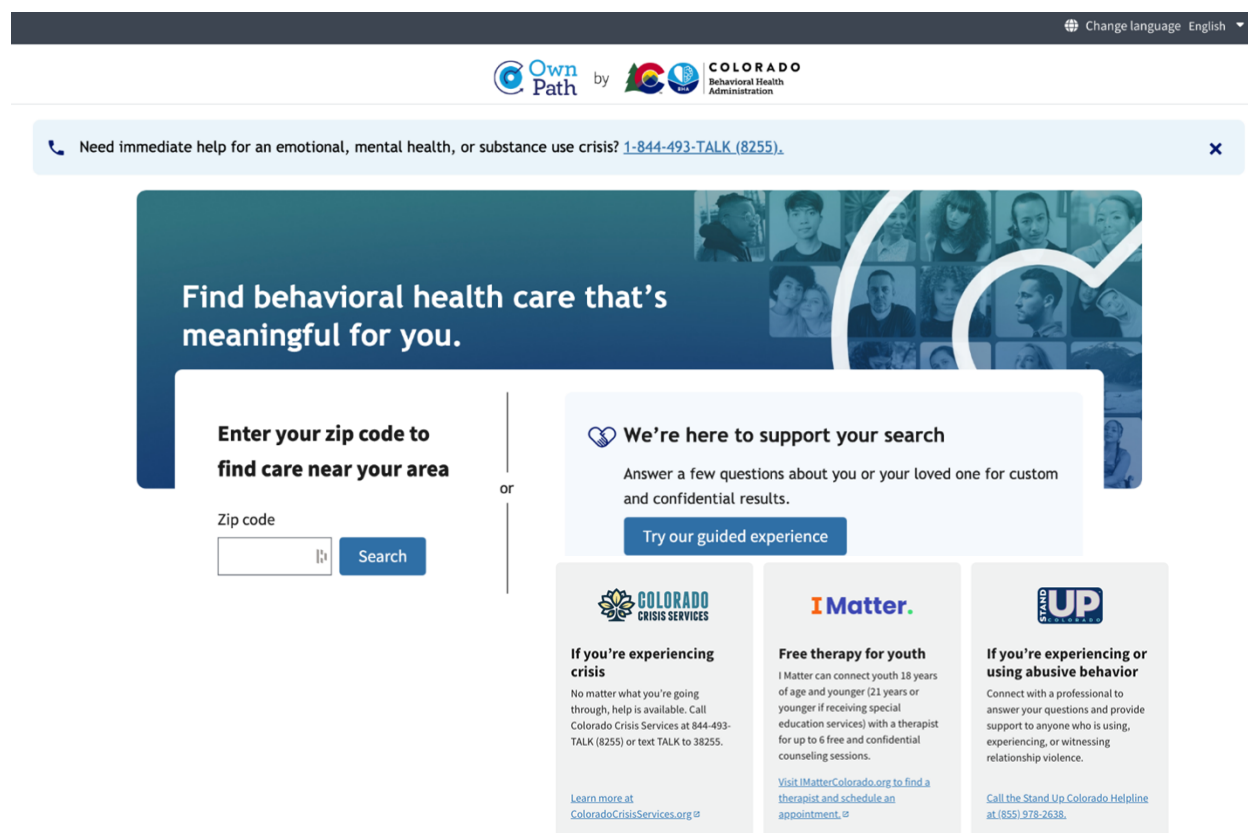


An early start to regaining trust and expanding access to all Coloradans is the launch on July 26th of the [OwnPath Care Directory](#) which is a searchable online directory that allows people to find behavioral health providers licensed or designated by the BHA. The directory allows users to search for specific services or use a guided search to identify providers or resources that best meet their needs. The site has over 700 BHA-licensed or designated facilities with more being added in partnership with CDPHE, HCPH, DOI, and others.

The OwnPath care directory will be the “front door” for all people in Colorado to engage with the BHA.

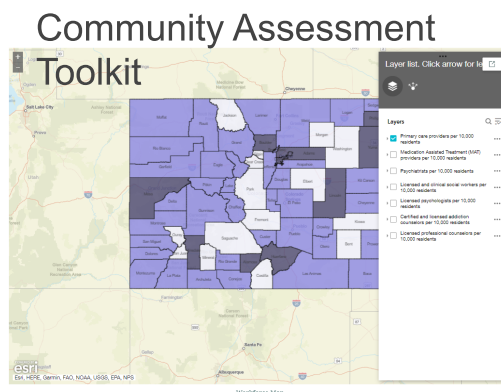
Providing a public-facing, web-based care navigation and coordination platform that improves accessibility, builds trust with community members, and is grounded from the start in understanding user needs. The directory focuses on a care (provider and wellness resource) directory, crisis navigation and telehealth. **Within the first two months of the site's launch, there were over 20,000 visits to OwnPath to navigate to behavioral health care.**

Figure 7. Overview of the OwnPath homepage



The OwnPath directory will continue to advance new functionality that is informed by experiences of Coloradans seeking behavioral health services. OwnPath is an important component of the state's efforts to develop a streamlined process for patients and providers that facilitates access to and navigation of behavioral health care services and support, including local resources such as food and housing assistance. The directory will also evolve iteratively with improved user experience, additional data filters, OwnPath and BHA branding, and content available in English and Spanish.

In addition to the Care Directory, the BHA is also working to create a web-based toolkit that will support local leaders in understanding the essential behavioral health services and workforce available in each community. As part of the grant programs outlined in [House Bill 22-1281](#), the toolkit will support communities in conducting gap assessments in mental health and substance use services, challenges for underserved and structurally disempowered populations in obtaining care, and identifying unmet needs in the community.

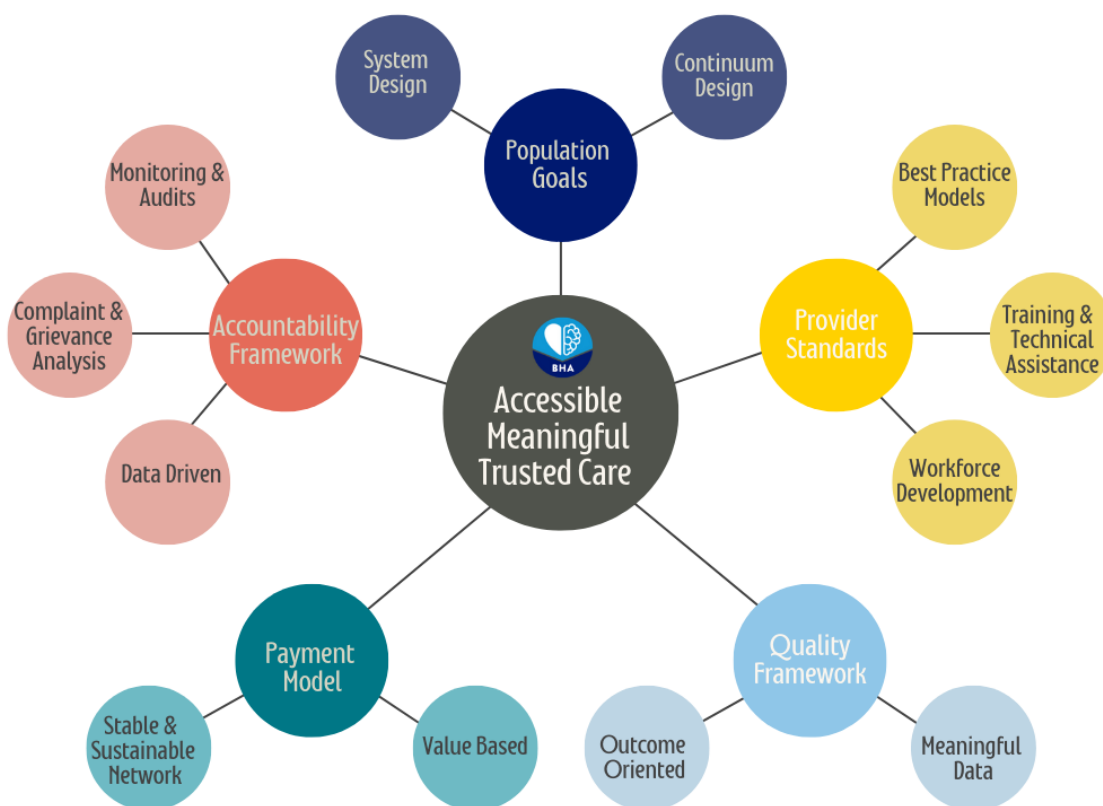


In the initial phase, the toolkit outlines basic guidance on how to approach a community assessment, a curated list of existing data resources and tools and a hub of innovative approaches from communities across the state. The BHA will also offer technical assistance with the tool to support and learn alongside local communities. While the initial impetus for the toolkit was the bill grant programs, the BHA's vision is to make this a living web-based toolkit that will evolve and improve over time. The BHA wants the tool to be another avenue of partnership with local communities to empower them to advocate for relevant solutions and funding and to build community based and community specific interventions. An initial version of the toolkit will be available for communities later this fall.

Process—Developing a Comprehensive Plan to Expand the Safety Net

Improving equitable access to care and meeting the strategic priority of whole person care also means reimagining the system of care and how the safety net meets the needs of Coloradans. The BHA and HCPF continue to collaborate to implement the broad and comprehensive development of the safety net reform as envisioned by [Senate Bill 19-222](#). Building a strong and effective safety net will take a coordinated and strategic approach to system design. The transformation will occur over time and will engage all levers of policy change. The figure below provides an illustration of how the BHA sees the interconnected strategy for reform that will ultimately expand and strengthen Colorado's safety net.

Figure 8. Safety Net Design and Reform



The comprehensive plan to expand the safety net is a massive reform of the behavioral health system that will impact the provider network, service delivery, and the continuum of care. The reform will focus on accountability for quality, as well as ensuring payment provides greater stability to the safety net while incentivizing quality. The plan aligns with many of the BHA's priorities, including improving access to care, expanding the continuum, strengthening standards and quality for safety net providers, and improving accountability for behavioral health in Colorado. The shared vision between state agencies provides a framework that:



- Addresses system fragmentation
- Aligns policies, accountability, and regulatory oversight
- Reduces silos in the current delivery system
- Redefines a core set of 15 critical behavioral health services to be available in every region of the state to achieve the goal of a comprehensive and coordinated behavioral health safety net system
- Includes new opportunities to participate in alternative payment methodologies with value based purchasing for comprehensive behavioral health provider agencies that increase client access to High Intensity Behavioral Health Treatment Services that keep clients healthy and support a coordinated transition following an acute episode of care
- Supports behavioral health integration in primary care settings
- Creates new standards for comprehensive safety net providers, requiring them to provide services for mental health, substance use, and co-occurring disorders

The safety net expansion is also a key strategy for addressing inequity in the state and ensuring provider standards improve requirements to serve populations experiencing structural barriers to care. Aligning and enhancing payment models to support providers in serving all populations is also part of the reform to ensure a stable safety net and improved equity in care.

The BHA is currently re-writing behavioral health standards through a significant rule revision to [Behavioral Health Rule Volume 2 CCR 502-1](#). The rule rewrite will provide new safety net provider eligibility, service expectations, and accountability standards. This rule revision aligns with and expands the work that has been underway at CDPHE to create the Behavioral Health Entity (BHE) license ([6 CCR 1011-1 Chapter 03](#)).

Priority Populations for the Safety Net

- **Children, youth, and families, including those involved in the Child Welfare system and those with complex treatment needs**
- **Individuals with justice involvement**
- **Individuals with disabilities**
- **Black, Indigenous and People of Color (BIPOC)**
- **Individuals experiencing homelessness and housing instability**
- **Individuals with Serious Mental Illness (SMI)**
- **Veterans**
- **Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+)**

The BHE uses a cafeteria style license which combines mental health and substance use licenses. As the new safety net standards are created, the BHE licensure process will incorporate these new license types. The BHA continues the transition of the BHE from CDPHE to the BHA and will issue licenses beginning July 1, 2023.

The principles guiding the rule rewrite are ensuring quality of service and accountability and reducing administrative burden to the extent possible. The rule restructure will include BHE license as that authority transfers from the Colorado Department of Public Health and Environment. The BHA's licensing structure within BHE will incorporate standards for the new behavioral health safety net provider types including behavioral health outpatient providers, specialty and essential providers, comprehensive providers, and acute services and safety net supports. The BHA is currently developing a web page which will launch this fall to support information on the process and for stakeholder input. Stakeholder meetings will be conducted Fall 2022.

Child and Youth Safety Net

Part of redefining the safety net and expanding access to high quality care, is tailoring a person centered and comprehensive approach to the care for children and youth. The last two years have powerfully demonstrated the BH needs of children and youth and their families. The BHA is co-developing a children, youth and family framework (CYF framework) for Colorado. The Colorado CYF framework will be grounded in the System of Care Values and Principles, which are: family driven, youth guided, community-based, and culturally and linguistically responsive. The goal is to create a system that provides accessible, meaningful and trusted services and supports. The BHA Senior Advisor for Children, Youth and Families will be convening stakeholders including young people and family members and caregivers, partnering state agencies, family-run organizations, affinity groups, and others in the strategic planning process. The expectation of the BHA is that this work will be initiated in Fall 2022 and continue into 2024. Ultimately, the framework will be part of the broader BHA strategic plan while having specific priorities identified for children and youth. This plan will be informed by data with clear milestones for implementation that can be monitored publicly and transparently.

An Early WIN for Access to Care for Children and Youth

One of the BHA's clear priorities is ensuring that the I Matter program offering free counseling to youth continues. The BHA secured funding to keep the program open and believes free and easy access to care for youth is a vital element of expanding the continuum and addressing unmet youth needs. With the continued funding and data collection efforts, the BHA will expand recruitment efforts of diverse, culturally responsive clinicians. Additional promotional efforts are also underway to engage young people in the design of people-centered services.

As part of the strategic planning process, the BHA is monitoring federal strategy and opportunities for improving services for children and youth. For the BHA, the strategy will require cross-agency partnerships to expand the continuum of services. In particular, federal funding advancing prevention, early intervention, and whole-person care by enhancing mental health services in schools presents an opportunity for cross-agency collaboration.

Federal funding also targets trauma and violence in schools and provides another avenue for expanding the behavioral health workforce. Many of these opportunities will require close collaboration between the BHA and CDE as well as local communities-especially school districts. Building effective connections between the schools and health centers and the broader system of care is an imperative in order to maximize the funding and ultimate impact.

The BHA is well positioned to support a coordinated effort between agencies, local communities, and health systems to leverage the funding effectively. The BHA and CDE are also continuing to expand collaboration in strategy and development to respond to the next round of funding for Project AWARE that has been released by SAMHSA. The focus is to increase awareness of mental health, substance use, and co-occurring issues among school-aged children and youth. The project also increases mental health literacy for individuals in schools, and increases access and connection to mental health services and supports. The BHA and CDE have developed the foundation for partnership in strategy and development of shared activities with the Formal Agreement (see below).

Enhancing and Expanding the Crisis Continuum

House Bill 22-1214 also ensures the Colorado crisis system serves individuals with substance use disorders, individuals with disabilities, and children and youth, which will be incorporated into the larger rule revision for the safety net.

Building equity and ease of access is a core strategy for the BHA at each level of care-including when individuals are in crisis and need immediate support. The BHA, as part of a national movement, worked to prepare Colorado for the launch of the new three digit national crisis line (988). The transition to a three digit national model like 911 requires thoughtful adaptation to ensure individuals and families in crisis do not have negative outcomes. Colorado will maintain its existing line (844-493-TALK) with the new 988 line until summer of 2023 to ensure ongoing assessment of feasibility to merge the lines. The BHA is monitoring the transition and is working with local communities and partners to ensure that crisis needs are met. The BHA will be delivering a statewide marketing plan for 988 in the summer of 2023 to ensure Coloradans are prepared for this change.

Additionally, the BHA is collaborating with HCPF to expand the Mobile Crisis Response (MCR) benefit as part of the state's commitment to operating a statewide crisis system that serves all Coloradans. The new MCR services will be available on a statewide basis to any individual in crisis regardless of their health insurance status. The new benefit is under Medicaid and is aligned with the [American Rescue Plan Act](#) (ARPA) requirements and national evidence-based and leading state best practices. Under ARPA, the BHA and HCPF are leveraging a new federal option that offers states enhanced federal Medicaid funding for up to three years to build community-based mobile crisis services that meet federal requirements.

The BHA and HCPF completed a comprehensive assessment of the current Colorado crisis system, collaborated in the design of the new benefit, and co-facilitated a working group of representatives from the state's crisis system and local communities to inform the design. They completed extensive stakeholder engagement to gather feedback on the benefit as well as on how to support implementation in local communities. The stakeholder engagement included in-person sessions across the state and occurred during late summer and fall of 2022.

The newly created service definition makes a number of significant changes to the mobile response standards and expectations including:

- MCR engagement with community partners
- MCR dispatch and the network of mobile teams
- Required activities of MCR teams with a focus on face-to-face response and risk assessment, brief intervention and stabilization, and crisis and safety planning
- Required activities for follow-up activities and coordination with other services as well as expectations for ongoing community partnership
- Secure transportation
- Training expectations and requirements for engaging all populations while having special training to serve individuals with intellectual and developmental disabilities, individuals with traumatic brain injury, children and youth with serious emotional disturbances, individuals with co-occurring disorders and complex needs, and those with cognitive needs

From January to June of 2023, there will be a ramp up period for crisis providers and the intermediaries to prepare for the July 1, 2023 launch of the benefit. The BHA and HCPF will be providing grant funds, technical assistance and training to providers and work with local communities to address implementation challenges.

Creation of the Behavioral Health Administrative Services Organizations (BHASOs)

Aligned with the safety net redesign and rule promulgation is the development of the BHASOs. These regionally based entities will consolidate the current Administrative Service Organizations (ASOs) for crisis and the Managed Service Organizations (MSOs) for substance use prevention, treatment and recovery, as well as other services. According to [House Bill 22-1278 \(C.R.S. 27-50-400, et. seq.\)](#), the BHASOs will provide a continuum of behavioral health safety net services, as established pursuant to [C.R.S. 27-50-301](#), and care coordination and will be required to establish and maintain a continuum of care in their regions, including but not limited to providing all behavioral health safety net services. The expectation is that the BHASOs will subcontract with behavioral health safety net providers to ensure that medically necessary behavioral health services are available and provided with high quality to all individuals. The BHASO model will also include regionally-based councils to gain local voice to inform services needs and gaps in the community. The councils will also support the BHASOs in being an avenue for building community partnerships and collaboratives to general solutions regionally. The regional councils also provide community voice on the impact of the BHASO and provider network to inform BHA accountability.

The BHA launched a process to design the BHASOs in September 2022. The design process includes extensive review of ASO models nationally and lessons learned from other states. The process also includes a review of the role of the ASO, MSO and Regional Accountable Entity (RAE) models in Colorado and lessons learned. Review and recommendations for revisions within administrative rule is also part of the BHASO design process to ensure alignment of rule with new structures. The BHA will also be facilitating extensive stakeholder engagement.

Update on Care Coordination

The BHASO is a central strategic approach to improving care coordination and to reduce fragmentation in care. Effective care coordination promotes whole person care as it keeps people from falling through the cracks, creates a strong cross-system of care, and achieves positive outcomes for people. In an initiative that convened people with lived experience in the first half of 2021, Coloradans identified the need for a centralized system to learn about and access services, specific to behavioral health as well as broader social and economic wellness needs. An analysis of Colorado's care coordination programs, as well as research collected by studying other states, informed a series of strategies and a set of recommendations to strengthen and scale successful care coordination programs within Colorado. See final design [here](#).

Between January and May of 2022, a Care Coordination Policy Workgroup met twice monthly to outline policy and care coordination recommendations for the State. The group aimed to advance best practice for behavioral health coordination in Colorado and create a set of core recommendations. Recommendations focus on definitions for care coordination services, supporting a care coordination infrastructure, care transitions, standards of care, credentials for providing care coordination services and payment and accountability models. The full report of the workgroup can be found here: [Care Coordination Policy Workgroup Report](#).

The group also outlined key priorities for the BHA in implementation of recommendations including engaging local communities in an ongoing way through the development process, promoting and sustaining collaboration across state agencies and sectors, and ensuring clear responsibility and accountability for care coordination. Other priorities include maintaining funding and equitable allocation of resources.

The BHA is now using these recommendations to inform the design of care coordination and care management standards for safety-net services. Care coordination and care management will be defined in the rule revision with clear standards for the BHASOs and the behavioral health safety-net providers including requirements for serving children, youth and families, adults, older adults, and other specific populations.



Opportunities to Improve Reimbursement for Integrated Physical and Mental Health Services

Making care equitable requires expanding access to behavioral health through primary care and other healthcare settings. Additionally, leveraging cross-discipline environments to ensure whole person care is an important part of continuum development and reducing health disparities. Part of the vision of the BHA is to improve the strategic use of funding to enhance strategy and care for all Coloradans. The BHA's strategy for expanding integrated care will evolve over the coming year as part of the overarching strategy, however integrated care is part of the safety net expansion and the BHA is tracking and supporting current efforts led by HCPF to expand Medicaid and CHP+ reimbursement and opportunities for integration in efforts across the system as a whole.

Safety Net Expansion

As part of the safety net expansion and the corresponding rule and standards revision process - the BHA will establish regulations for essential safety net providers. These regulations will allow providers, such as physical health providers or outpatient behavioral health providers, to apply and be approved to provide one or multiple of the essential safety net services. This expands the involvement of all types of behavioral health providers and services, including behavioral health services provided within a physical health setting. As part of this process, the BHA will also be establishing specific payment methodologies for these essential safety net providers.

Integrated Care Grants to Transform Practice

Health-Care Practice Transformation ([House Bill 22-1302](#)) created the primary care and behavioral health statewide integration grant program which will support funding for primary care and other providers for implementation of evidence-based clinical integration. The grant program also aims to improve whole person care for priority populations such as children and youth, individuals with co-occurring and complex care needs including those with serious mental illness or disabilities. Targeted at improving access to care, early intervention and improved whole health for Coloradans, the grants offer an opportunity to expand provider capacity and evidence-based models of care for the long-term.

As the lead for this work, HCPF is designing the grant program and will lead awards and oversight of the program. While the program will focus on sustainable integration for Medicaid and CHP+ members, the delivery reform improvements should improve access for all Coloradans receiving care at an integrated site. The BHA will sit on a steering committee and review the plan as well as support HCPF with applicant selection. The BHA could also provide support to providers on training and technical assistance as the BHA learning academy evolves.

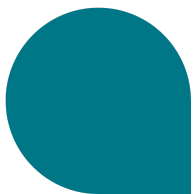
At the end of the grant period, HCPF, in collaboration with the Behavioral Health Administration and the Division of Insurance, will prepare a report that includes recommendations on best practices for integrated care models using data collected from grant recipients related to clinical quality improvement and access to care.

Process—Expanding and Retaining the Workforce

Access to care and a robust safety net is dependent on having a diverse, stable, and robust behavioral health workforce. This is so vital to the success of meeting equitable care that the BHA made it a WIG for the Governor, ***Develop and recommend strategies to address the behavioral health workforce shortage by September 1, 2022.*** The behavioral health workforce shortage is a national and statewide crisis and will require both short-term and long-term strategies. Consistent with [Senate Bill 22-181](#) (Behavioral Health Care Workforce), on September 1, 2022 the BHA released [Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership](#). The plan outlines strategies for the BHA to expand and retain a diverse behavioral health workforce, as well as methods for supporting culturally responsive care through training and technical assistance.

Updates on Formal Agreements and Collaboration with State Agencies

The BHA understands that collaboration is an essential process for reducing fragmentation and improving the overall state's strategy for behavioral health.



BHA Strategic Priority #3: Drive coordination and collaboration with and across state agencies, and with counties and regions statewide to support a community-informed model of excellence for behavioral health services and payment across the continuum.

The BHA is developing and executing Formal Agreement Documents (FADs) with partner State agencies. The BHA represents a paradigm shift from vertical to horizontal behavioral health governance in Colorado. To make this model work, the BHA and partner agencies need to formalize their collaboration and establish accountability for their roles. The FAD provides the structure and support for strong inter-departmental relationships and formalizes roles and expectations around key BHA functions. The FAD is distinct from a contract, memorandum of understanding, or an interagency agreement, although in situations involving an exchange of dollars or data, FADs will be accompanied by an interagency agreement and in some cases a data sharing agreement.

The FAD is intended to provide transparency to the public, offer clarity, at a high level, around expectations and roles for the BHA and partner agencies, and to outline distinct opportunities for partnerships. It does not dive into the weeds of how specific initiatives or tasks will be operationalized or implemented; these details will be determined collaboratively between the BHA and partner agencies and leaves flexibility in *how* activities unfold.

Executive leadership of the BHA and partner agencies will use the FAD to track roles and ensure mutual responsibilities are met. The FAD also allows the BHA and partner agencies an opportunity to commit to aligning agency actions to the mission, vision, values, and key pillars established by Governor Polis and the BHTF. Executive leadership of the BHA and partner agencies will meet at minimum monthly to review progress, address issues, collaborate to complete projects intended to achieve shared goals, and ensure FAD responsibilities and milestones are being met. Agreements will be reviewed at minimum annually to determine if amendments or other updates are needed.

The FAD describes collaboration and activities in the following domains:

1. Strategic planning, policy development, and coordination, which supports the ongoing assessment of behavioral health needs for populations served by state agencies.
2. Accountability and data sharing, which supports monitoring quality, sharing data, and holding the provider system accountable for meeting the needs of the behavioral health system.
3. Problem identification, resolution, and mitigation, which describes how the BHA and partner agencies will collaborate to address service gaps and develop solutions and strategies for identified problems.
4. Financial strategies, budgeting, and resource allocation, which outlines opportunities for the BHA to maximize funding for behavioral health in the state and to provide strategic direction for behavioral health funds across agencies.
5. Standard setting and mechanisms for ensuring standard compliance, which supports behavioral health standard setting and describes how the BHA will lead quality and network standards.

The BHA will ultimately engage in FADs with the following state agencies:

- Colorado Department of Agriculture (CDA)
- Colorado Department of Human Services (CDHS)
- Department of Correction (DOC)
- Colorado Department of Education (CDE)
- Colorado Division of Insurance (DOI)
- Department of Regulatory Agencies (DORA)
- the Behavioral Health Ombudsman,
- Colorado Department of Health Care Policy & Financing (HCPF)
- Colorado Department of Public Safety (CDPS)
- Colorado Department of Local Affairs (DOLA)
- Colorado Department of Public Health and Environment (CDPHE)
- Colorado Department of Labor and Employment (CDLE)
- Colorado Department of Agriculture (CDA)
- Colorado Workforce Development Council (CWDC)
- Colorado Department of Higher Education (CDHE)
- Colorado Department of Early Childhood (CDEC)
- Colorado Department of Military and Veteran Affairs (DMVA)
- Office of eHealth Innovation (OeHI)
- Colorado Judicial Branch



The process of developing and refining the FADs has provided BHA and partner agency leadership and staff the opportunity to thoughtfully envision what their long-term partnerships will look like. Everyone engaged in the process has approached this work with a spirit of collaboration and shared values and with the collective interest of all Coloradans in mind.





Data Sharing Agreements

The BHA is also working on creating data-sharing agreements. As outlined in [House Bill 22-1278](#), the BHA is working to develop agreements with two agencies (HCPF and CDHS) as well as with the HCPF Ombudsman, Child Ombudsman and Behavioral Health Ombudsman. Additionally, the BHA is working on identifying other agencies that will require data-sharing agreements, the specific data required and the best process to reach agreements. The BHA is working to align the data-sharing agreement with other state efforts to enhance health care data sharing including work being led by the Attorney General's Office with involvement of the Office of e-Health Innovation (OeHI) and the Colorado Office of Information Technology (OIT).

Collaboration and Implementation of BHTF Nineteen Priorities

The BHTF identified the top nineteen recommendations across the pillars of reform. Most are shared initiatives between the BHA and other agencies and provide a targeted set of actions to meet the vision of the BHA and broader behavioral health reform in Colorado. Below is a table that outlines the pillar, recommendations and progress to date. Many of these priorities are covered in other parts of the report in greater detail.

Pillar	19 Priorities	Aligned BHA WINS
ACCESS 	<ul style="list-style-type: none">• Develop single point of navigation• Expand and enhance crisis system• Address the bifurcation between mental health and SUD• Equitable and complete continuum	<ul style="list-style-type: none">• Creation of care directory “OwnPath”• Development of new Mobile Crisis Response benefit and standards• Initiation of BHASO model design• Creation of access to care methodology• Readiness for SUD incorporation into BHE licenses, aligning SUD and MH oversight and standards
AFFORDABILITY 	<ul style="list-style-type: none">• Ensure adequate rates and payment• Streamline and consolidate funding streams and maximize federal spending• Prioritize the community investment funding from not-for-profit hospitals	<ul style="list-style-type: none">• HCPF and BHA initial work on safety net value based payment models• Strategic planning and initiatives with other agencies to maximize federal spending for crisis continuum (ARPA funds and federal match for mobile crisis response), workforce (federal funding of workforce with multiple agencies) and funding to support schools with child and youth wellbeing.

 <p>WORKFORCE & SUPPORT</p>	<ul style="list-style-type: none"> • Expand capacity for culturally competent workforce • Support and fund non-traditional workforce, especially peers • Reduce administrative burden for providers 	<ul style="list-style-type: none"> • Hired workforce development director and published workforce development strategic plan • Review of administrative burden • Promulgated rules for recovery support services organizations (RSSOs) • Design and planning initiated for Learning Management System to improve training for workforce both clinical and non-clinical
 <p>ACCOUNTABILITY</p>	<ul style="list-style-type: none"> • Develop population specific standards of care and outcomes to enhance quality • Address high suicide incidence and access disparities • Designate a single fiscal management system for all public BH programs 	<ul style="list-style-type: none"> • Partnering with HCPF to develop a single financial payment system that leverages existing HCPF technology infrastructure for processing of public funded behavioral health services • Partnering with HCPF to create a shared quality framework to inform value based payment and state accountability
 <p>LOCAL & CONSUMER GUIDANCE</p>	<ul style="list-style-type: none"> • Collaboratively identify local, regional and systemic service gaps and solutions • Form and engage advisory groups to provide input and guidance on system improvements • Identify and provide sustainable flexible funding streams for local communities to prioritize primary prevention. 	<ul style="list-style-type: none"> • Launch of Commissioner statewide tour • Launch of the Advisory Council in July 2022 • Draft toolkit crafted to support counties in assessing services and resources to support funding and community based solutions • BHASO regional councils within the BHASO design that is being created
 <p>WHOLE PERSON CARE</p>	<ul style="list-style-type: none"> • Offer and expand care coordination services to address SDOH • Expand high-intensity case management for individuals leaving psychiatric hospitals • Facilitate education opportunities for law enforcement and first responders, judges and court officials 	<ul style="list-style-type: none"> • Legislative funding to support navigators to support care coordination within BHASO model • Policy workgroup to consider recommendations for intensive care management for Executive Team

Update on Building a Single Fiscal Management System

One of the nineteen priorities is for HCPF and the BHA to advance the shared fiscal management system, which will provide streamlined behavioral health claims and eligibility processing. Funded through a 2021 budget request and approved by the Joint Technology Committee and Joint Budget Committee, the effort is aimed at reducing duplicative processes, improving the state's ability to pay for behavioral health services (Medicaid and non-Medicaid) through the same system, and to improve enrollment efforts across payers. The innovative technology partnership also improves the state's ability to understand statewide payments for direct services.

Colorado's current behavioral health program funding is spread across at least thirteen different agencies and over 120 programs. There is no single eligibility or service encounter data framework and each of the 120 programs scattered across the state use different vendors, methodologies, and procedures for determining eligibility and paying for services. This has resulted in fragmentation and siloing across services, confusion for people seeking and receiving services, increased administrative costs at all levels of the continuum of care, and inconsistent data reporting.

The BHA and HCPF are currently engaged in a process to consolidate the various disparate eligibility and encounter processes which includes leveraging Colorado's existing Medicaid technology infrastructure to establish an eligibility system, an encounter processing and submission system, and a claims data reporting system to serve all the State's behavioral health programs. A project team has been established with representatives of both the BHA and HCPF, inclusive of leadership, policy and program, information technology, data science, and finance staff from each agency to accomplish this work and implement the provisions established in the budgetary request ([HCPF 2021, R-23](#)). In addition, BHA programs and reimbursement have been inventoried, outside vendor consultation has been secured, and the BHA Provider Participation Agreement has been drafted.

This approach to developing a more comprehensive framework not only leverages the existing systems but also creates efficiencies and cost savings as the State achieves the goal of attaining comprehensive data on which outcomes can be measured, compared, and shared with the public. This ultimately improves transparency and accountability, aids in policy and decision making, informs how investments are made, builds the foundation for future alternative payment models, improves quality and the ability to achieve better outcomes for those needing behavioral health services. This is especially important given the current lack or inconsistency in data management or reporting, particularly for marginalized populations, which masks behavioral health disparities and level of need. The initial design and architecture will be complete and in the community in July 2023.

Criminal Justice Collaboration

The BHA is also working with a criminal justice coalition to outline a set of priorities for the BHA to work with key partners on advancing behavioral health for those with justice involvement as well as building a system that diverts individuals from justice involvement by offering appropriate services when needed. During the formation of the BHA, partners across the criminal justice sector from law enforcement, courts, magistrates, providers and others highlighted the importance of the role for the BHA to work in close collaboration with criminal justice partners to address key priorities such as:

- Ensure providers are educated and trained in treating populations with justice involvement
- Improve accountability within the safety net to serve individuals with justice involvement or forensic backgrounds;
- Find balance in assessment of risk for crime and risk for behavioral health and creating standards for shared risk assessment

- Leverage criminal justice expertise within the BHA to inform program development and accountability and many more priorities.

Over several months, the BHA has convened a group of experts from across agencies including DPS, DOC and the Division of Probation Services within the Judicial Branch to identify shared priorities and the creation of a roadmap of reform efforts. A report with recommendations from the group will be forthcoming by Spring 2023.

Performance

At the center of the BHA's creation is the idea of improving performance and accountability. Stakeholders made clear that they view transparent accountability of the behavioral health system as paramount to the success of the BHA. To support accountability, the BHA must monitor and act upon a set of metrics measuring ongoing success. These measures must include both process measures (i.e., the BHA is fulfilling its role and responsibilities) and outcome measures (i.e., the BHA is achieving the desired impact on the behavioral health and wellbeing of Coloradans). There is also a vision for improving data, data interoperability and having the BHA's work inform the construction of publicly-facing data dashboards and performance scorecards with other State agencies including CDHS and HCPF. These public dashboards will illustrate many of the critical components of the Colorado behavioral health system and highlight areas for improvement. The following is an update on the BHA's efforts and plan for performance standard development.



BHA Strategic Priority #4: Develop a highly accountable behavioral health system that prioritizes transparent performance standards, quality improvement, and data integration.

Building Internal Organization to Support Performance Monitoring

As part of building an internal BHA that meets the expectations of the model and is prepared to deliver on the new vision and mission, some areas of work are being reimagined and re-configured. The teams began with a review of the challenges identified through the last two years with the BHTF as well as the formation of the BHA.

The BHA data and evaluation division engaged in a full team working retreat to reconceptualize its role within the BHA and within the state. The team identified the challenges the BHA seeks to address, including the need to modernize the behavioral health IT infrastructure for the State and include analytic approaches within the context of a rapidly advancing field of science. The team brainstormed how to address the challenges within data reporting and accountability and how to advance the BHA's data capacity. As a result, the team has launched restructured Divisions of ***Behavioral Health Analytics, Epidemiology, and Evaluation*** and ***Health Information Technology***.

The process has included reviewing recommendations from stakeholder engagement sessions and working groups, identifying current staff capacity as well as which skills need to be either developed with training or added to the team in hiring, reviewing current analytic and evaluation approaches, understanding the current data and health IT infrastructure within Colorado, and reassessing overall needs and infrastructure to support growth, depth and new functions of data within the BHA.

Data Related Challenges

- Missing or limited data on the wellbeing of structurally disempowered populations conceals the behavioral health disparity and level of need.
- Coloradans are not receiving quality care across all services because there is not a standardized process to publicly share data for the purpose of transparency.
- Providers are spending an inordinate amount of time on data submissions, reports, and other paperwork because the different funding sources do not share a standardized platform for data collection.

Data Related Needs

- In order to ensure the BHA develops an accountable system that emphasizes whole person care and centers on behavioral health equity, the BHA will engage in cross-agency data sharing, as well as consolidating non-Medicaid funding and programs. These initiatives will be done with guidance from federal regulations and guidelines, and could generate savings for the State due to reduced administrative costs and duplicative infrastructure.
- Population-specific standards of care, including network adequacy, access measures, wait-time and waitlist limits, and general care considerations will be researched, developed, and published to set clear and reasonable outcomes to measure the quality of the behavioral health system.
- A systemic approach to collecting, reporting, and analyzing data can help identify inequities that need to be addressed; any analytic approach to investigate health inequities must emphasize mixed methods approaches that bridge quantitative data gaps.
- Implement an anonymous feedback loop where individuals in care and individuals with lived experience can provide candid feedback on Colorado's behavioral health system.
- Administrative provider assistance for billing, data collection and reporting so they can stay care focused while also ensuring the BHA has visibility necessary to ensure the system is working for all Coloradans.

The globe is coming out of a pandemic that provided unprecedented levels of data access to the general population. This access to information is a critical component of the power-sharing approach the BHA is taking with communities and people in Colorado. As the BHA works toward full operationalization, the restructured approach will support the BHA's charge to ensure the public can hold the State accountable, while also setting the BHA up for success as it grows.

Access to Equitable Mental Health and Substance Use Care, A Framework and Methodology

Governor Polis and the BHA are committed to accountability for improving access to care. The BHA has a WIG with the Governor's office to ***implement access to care methodology for the safety net system and publicly report on the baseline metrics by June 30, 2023***. The BHA has designed this methodology to enhance the state's ability to monitor access to care and to share transparent information with the public on progress. An important step in improving access to behavioral health care is having improved monitoring and accountability for access. Although there are existing measures for access to care, they have limitations and often mis-align with what is heard from Coloradans and local communities about barriers to care. As a result, the BHA has developed a new access to care methodology and will continue to refine it to ensure it provides visibility on access to care for the diverse communities of Colorado.

The framework is a culmination of measures to encompass key access to care metrics that demonstrate the ability to reduce barriers in achieving equitable, positive, patient-centered outcomes, including both existing and new metrics. The framework may take some time to put in place, and the BHA is committed to an iterative improvement process, as data continue to be validated and data sources are refined. The methodology includes performance improvement to improve the quality of the measures over time and to iterate measures until they reflect access to care for Colorado's diverse communities and populations.


Why the Methodology Matters



The BHA's vision for Colorado is to create a world where behavioral health services are accessible, meaningful, and trusted. Access to a continuum of behavioral health services is needed in Colorado, regardless of the severity of need, ability to pay, age, race, functional ability, linguistics, geographic location, gender identity, and sexual orientation. There are currently no evaluation standards or other state precedents that accurately measure access to behavioral health services with the level of nuance or detail required to address this need.

One of the goals for the BHA was to create both a comprehensive way to measure access to care while also creating a single metric for the public that would be a clear indicator of improvement. For this single measure, the methodology incorporates a Net Promoter Score (NPS) which is an essential metric in quality improvement for healthcare and for the development of the overall approach to patient care. The NPS score will ask the question **"How likely are you to recommend this provider to a friend?"**

The BHA is now working with partners on the implementation of the methodology with creation of necessary data-sharing agreements as well as baseline data for each metric and development of the Net Promoter Score. The initial iteration of the methodology will be public by July 2023. The BHA is building an ongoing process improvement effort into the methodology so that the measures can evolve and improvements can be made to the framework in a continuous manner.

Figure 9. Access to Equitable Care Methodology


Single Metric of Success

Access to Care Metric Grid		<i>Metric Domain</i>		
		1	2	3
		PROVIDER AVAILABILITY AND ACCESSIBILITY	UTILIZATION	INDIVIDUAL IN CARE PERCEPTIONS AND EXPERIENCES
<i>Metric Level</i>	A Macro (State and Population Accountability)	State HPSA Designation	Penetration	CHAS Stigma
	B Meso (Network, including RAEs, ASOs, MSOs)	Network Assessment	Follow-Up After Crisis Events	CAHPS
	C Micro (Facility/Provider)	Third Available Appt	BH Penetration & Prevalence	Cultural Competency (CAHPS ECHO)
	D Individual (Recommended Addition)	PIAAC Literacy	Individuals with a Need & No Services	 Net Promoter Score 

Data Integration and Technology Efforts

One of the major drivers for creation of the BHA was fragmentation of data collection systems, processes and sources of truth across the state’s behavioral health landscape. The BHA has a multi-year strategy for rapidly growing and evolving a modern behavioral health technology ecosystem in Colorado that provides people-first behavioral health services. The plan includes building personnel expertise, building infrastructure and partnering with other state agencies to advance the BHA’s ability to obtain the “right data,” combine and analyze data across payer and across agencies and improve the state’s ability to make data-driven decisions for behavioral health.

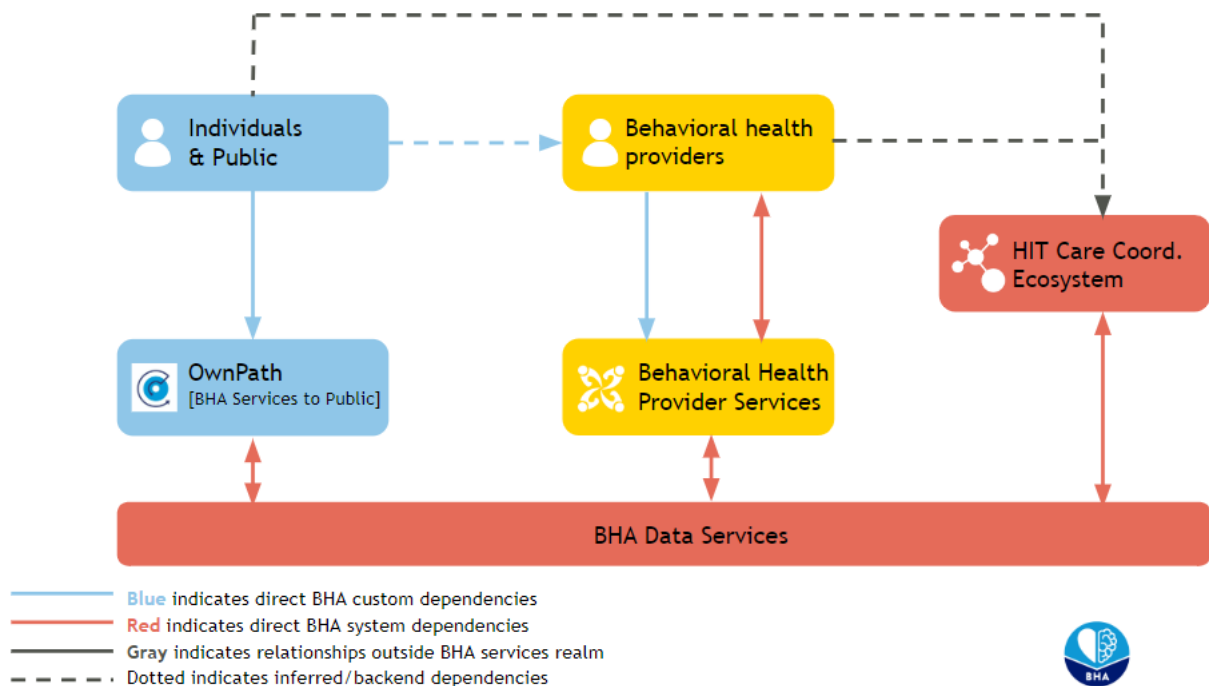
Building IT architecture that aligns with the BHA’s vision and functions within the state is a long-term process. The BHA is building new technology to increase the ease and mobility of data to support partners-providers, state agencies and the general public. Core values in this work include rebuilding trust with partners on data, ensuring the data is secure, and ensuring that individual consent in data sharing is protected. The BHA hired a Health Information Technology Director in May 2022 who has subsequently organized the BHA’s technology portfolio into three product domains: Public-facing, provider-facing, and behavioral eHealth digital products. Below is a summary of major products or initiatives within each product domain.

- The **public-facing product** domain represents BHA-owned digital products through which the BHA provides services directly to the people of Colorado. The primary product within this domain is OwnPath (ownpath.co) and this will be a core component of the BHA’s initiative to improve and enable people of Colorado to directly navigate to behavioral services.

- The **provider-facing product** domain represents BHA-owned digital products through which the BHA provides services to local behavioral health providers. Through this domain, the BHA will support care coordination communication across providers and partners to improve care planning and handoffs from one level of care to another. This includes new products such as the Provider Services Platform which went live in June 2022 with Central Registry functionality, legacy and planned modernization of behavioral health systems for licensing and client-level clinical and financial reporting. Major modernization initiatives currently underway within this domain include bed capacity tracking within the Provider Services Platform and centralizing fiscal processing of behavioral services between the BHA and HCPF via the Medicaid Management Information System.
- The **behavioral eHealth product** domain represents new work underway to modernize the BHA's data-sharing strategy. Through this domain, the BHA will build a new and more flexible data warehouse. This will provide the BHA new capability such as secure data sharing (which will reduce fragmentation); it ensures client level data is available for those who need it while protecting data without individual consent and address whole person care while centralizing existing data systems. This includes ability to send and receive information from BHA-owned systems within the provider-facing product domain and the broader HIT ecosystem including enabling interoperability with behavioral health provider EHRs, telehealth, and electronic referral processes.

Figure 10. Map of the Behavioral Health Administration technology ecosystem

Behavioral Health Technology Ecosystem



Building Value-Based Payment Collaboratively

Part of building a comprehensive and expanded safety net is ensuring payment models are in place that support access to care while holding providers accountable for performance and outcomes; this indicates a need for payment reform. Payment reform involves creating alternative payment methodologies (alternatives to standard fee-for-service reimbursement models) with value-based purchasing (payment tied to performance and outcomes).

HCPF and the BHA are engaged in designing alternative payment methodologies with value-based payment for the safety net. Starting in 2021, HCPF has engaged in stakeholder engagement and initial payment model development for existing safety net providers. In the fall of 2022, the BHA and HCPF, in collaboration with community partners, will develop updated alternative payment models as outlined in the [Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System](#). These alternative payment models and value-based payment models will support the new terms of standards and eligibility for multiple provider types. These payment models will correspond to the intensity and level of care that is being provided. This approach creates additional opportunities for provider financial flexibility and value-based payments that will ensure the viability of the safety net system.

The BHA and HCPF are also working to define a quality framework for the alternative payment methodologies. The quality framework ensures that the state builds payment to align with the vision and strategy for the safety net, and that the performance measurement and monitoring of providers align with payment incentives. This process is key to building greater accountability and to ensure that payment is tied to genuine quality outcomes.

Developing Universal Contracting Provisions

A primary goal of the design of the BHA was to reduce fragmentation and duplication within the behavioral health system. One of the main solutions for streamlining accountability and standards is to create universal contracting provisions that can be used for all behavioral health contracts across state agencies, as well as intermediaries such as the Regional Accountable Entities and the BHASOs.

The Behavioral Health Administration authorizing legislation ([House Bill 22-1278](#)) requires the BHA to work with HCPF and relevant stakeholders including other state agencies to develop universal contracting provisions by July 1, 2023. The BHA and HCPF have initiated a working group to begin creation of universal contracting provisions. The working group is in the process of identifying the agencies that contract with providers for behavioral health services as well as reviewing shared definitions across these contracts to ensure contractual definitions are standardized across all behavioral health contracts. The next phase will include discussion and engagement with those agencies and stakeholders to draft and refine shared language. [House Bill 22-1302](#) [C.R.S. 25.5-5-402(3.5)] also included funding for technical assistance to providers to implement the provisions.



Analysis of Grievances

In the development of the BHA, stakeholders were clear in their desire for a streamlined approach to grievances. They desired a BHA that would be able to evaluate challenges and gaps in care from grievances regardless of payer or provider organization. Based on the model of the BHA, individuals and family members who have a behavioral health-related grievance with any provider, State agency, or commercial insurance carrier will follow the existing established grievance processes. The BHA's role is to assist individuals and families, regardless of payer, when traditional grievance processes fail to bring resolution and to be a problem solver. The BHA will coordinate and analyze data reviews specific to individual and family grievances to identify themes and opportunities to address systemic issues.

The Behavioral Health Administration (BHA) will accept and investigate all grievances and critical incident reports that it receives in a timely and effective manner as outlined in [House Bill 22-1278](#). In collaboration with other state agencies and ombudsman offices, the BHA will stand up a comprehensive behavioral health system grievance resolution process that meets the needs of all Coloradans, by July 1, 2024. In order to develop a plan, the Agencies will work together to identify the relevant rules and laws related to grievances in order to identify barriers and policy recommendations. This BHA has developed an initial grievance policy which does not supersede other State Agency Grievance policies, but exists concurrently and in coordination with such policies. The grievance policy can be found [here](#).

The BHA is also planning for the first grievance report which will be published by July 2023 and will include a review and analysis of grievances received by the BHA. As data-sharing agreements and infrastructure are developed, future grievance reports will include data on grievances by behavioral health provider, topic, region, managed care entity, BHASO, payer source, service or diagnosis and aggregate demographic data. The data will also be available on a public facing website.

Conclusion

Over the last four years, hundreds, potentially thousands of Coloradans have dedicated time, energy and thoughtful debate to a vision of behavioral health for Colorado. There has been considerable investment in strategy, funding and system design. The effort has been at all levels— from Governor Polis, legislators, State agencies, providers, communities and local governments, advocates and many individuals and family members who care about creating a system of care that is recognized for its excellence in quality and accountability. The state has made considerable strides in addressing gaps that have been identified and in designing reform that is expansive and bold as well as grounded in day to day realities.

The creation of the Behavioral Health Administration is at the center of that bold vision and is a mirror of the process that it came from. All sectors and all Coloradans are represented in this new approach to a coordinated behavioral health system. It is designed to create a system approach with effective collaboration that will be able to convene and problem solve, and most importantly, be accountable to the people.

The Behavioral Health Administration launches with many accomplishments and much more work ahead. The reform is still early and change will take time, however, the path is set, the resources and authority are aligned, and the **Behavioral Health Administration and Colorado are on a journey to make behavioral health services accessible, meaningful and trusted.** The Behavioral Health Administration initiates this journey with hope, with passion, and with high expectations for the future. It has a commitment to truth, equity, collaboration, community-informed practice, and generational impact as its compass.

Figure 11. Describes the Transition of Behavioral Health Reform and the Core Functions of the BHA in that Transition

