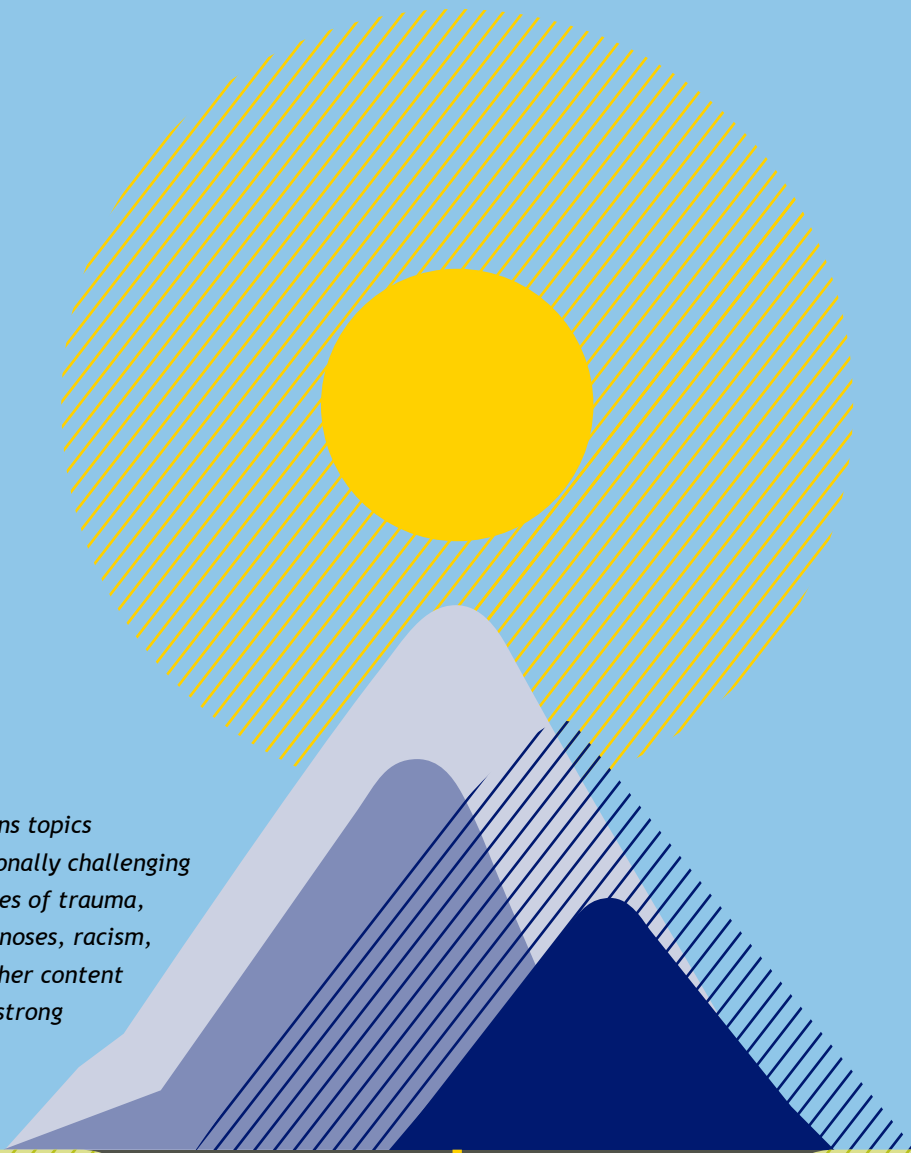




COLORADO
Behavioral Health
Administration

2023 Strategic Plan

This report mentions topics that may be emotionally challenging including root causes of trauma, mental health diagnoses, racism, disabilities, and other content that may bring up strong emotions based on lived experience.



To the people of Colorado, we acknowledge you. We honor your stories emanating from each corner of the State for a behavioral health system that is responsive to community needs, reflects the lived experiences of the people of this State, and puts people first. In response to these calls, the State created the Behavioral Health Administration (BHA) with the purpose of ensuring that every person in Colorado has access to whole person health. This purpose was conceived by the community through stakeholder engagement, and the BHA’s values of truth, equity, collaboration, community-informed practice, and generational impact ensure that the voices of the people will be centered in the BHA’s work. To confirm this, look no further than the BHA’s strategic plan sharing the story of where Colorado has been and the changes that the people mandated to ensure a person-first behavioral health system.

The vision outlines the key achievements, outcomes, and policies that the BHA will undertake in the next three years with input from the community and those with lived experience. As the inaugural Chair and Co-Chair of the Behavioral Health Administration Advisory Council, we are honored to serve as your voices in the process of building a system where behavioral health services are accessible, meaningful, and trusted. Together, we will achieve the critical task of setting a new standard for comprehensive, equitable, and effective behavioral healthcare in Colorado.

In partnership,



Robert “Bob” Dorshimer and Racquel E. Garcia
BHA Advisory Council Co-Chairs

This strategic vision is a story about the people of Colorado demanding change, being acknowledged by Governor Polis and state leaders, and catalyzing the formation of the Behavioral Health Administration (BHA), the single entity accountable for transforming the way people access and receive mental health and substance use care.

The BHA was called into existence to bring about a system-wide response, innovative partnerships, and the resources needed to support whole person health. We are boldly committed to co-creating a people-first behavioral health system that includes a comprehensive strategy for improving access, quality, and affordability of services, as well as an intentional approach to naming and addressing root causes of injustices. Our values of truth, equity, collaboration, community-informed practice, and generational impact will guide this work as we center communities to choose and inform solutions for themselves.

Our vision for this three-year plan is sharing a clear strategy for the BHA to honor lived experience, implement structural change, and reimagine our Colorado care system to have an impact three generations from now. We want our families, friends, and neighbors to thrive as we build upon decades of reform efforts in Colorado.

With you and for you, we are creating a reality where behavioral health services are accessible, meaningful, and trusted.

With hope,



Morgan Medlock, MD, MDiv, MPH
BHA Commissioner

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MISSION, VISION, VALUES

Behavioral Health Administration
Strategic Plan

Co-creating a people-first behavioral health system

The Behavioral Health Administration (BHA) is a new cabinet member-led state entity, housed within the Colorado Department of Human Services (CDHS). It is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.

The BHA created its vision, mission, and values in collaboration with stakeholders across Colorado.

Because we believe all people in Colorado deserve to experience whole person health, we envision a world in which behavioral health services in Colorado are accessible, meaningful, and trusted. Therefore, we have made it our mission to co-create a people-first behavioral health system that meets the needs of all people in Colorado.

OUR PURPOSE

All people in Colorado deserve to experience whole person health

OUR VISION

Behavioral health services in Colorado are accessible, meaningful, and trusted

OUR MISSION

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

OUR VALUES

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

HOW COLORADO GOT HERE

Behavioral Health Administration
Strategic Plan

Building from a strong foundation years in the making

Over the last four years, thousands of people in Colorado have dedicated time, energy, and thoughtful discourse to reimagining the state’s behavioral health system. The effort has been at all levels – from individuals, family members and advocates; to providers, communities and local governments; to legislators, state agencies, Lieutenant Governor Primavera, and Governor Polis. The result was a bold guide for a comprehensive, equitable, and effective continuum of behavioral health services that meets the needs of all people in Colorado to achieve whole person health and wellbeing.

The creation of the BHA is at the center of that reimagining. This strategic plan represents the culmination of meetings, recommendations, perspectives, and stories gathered and analyzed over the years. The BHA strategic plan is a historic moment for Colorado - and the BHA is committed to bringing the people’s desired behavioral health system to life.

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

History in Brief



**HISTORIC LEGISLATION AND FUNDING SERVE
AS A CATALYST FOR REFORM**

In 2021 and 2022, the Colorado General Assembly passed legislation investing \$450 Million of American Rescue Plan Act (ARPA) funding into Colorado’s behavioral health system. This includes support to increase the number of residential treatment beds available in the state, expand services for children and youth, and divert people from interacting with the criminal justice system in order to access services. The funds also support communities in identifying and addressing their local needs, and consolidating our state’s behavioral health entity licensing structure to ease the burden for providers.

House Bill 22-1278 established the BHA to develop a coordinated, cohesive, and effective behavioral health system, with a Commissioner authorized to adopt and amend rules with the State Board of Human Services.

By July 1, 2024, House Bill 22-1278 requires the BHA to establish:

- A statewide behavioral health grievance system;
- A behavioral health performance monitoring system;
- A comprehensive behavioral health safety net system;
- Regionally-based Behavioral Health Administrative Service Organizations (BHASOs);
- The BHA as the licensing authority for all behavioral health entities; and
- The BHA Advisory Council (BHAAC) to provide feedback to the BHA on the behavioral health system in the state.

The graphic on the following page depicts the intended behavioral health reform transition and the core functions of the BHA as required by House Bill 22-1278.

Before BHA

After BHA

People struggle to access care and find providers; Many with complex needs fall through the cracks; Unclear where to submit grievances or complaints

PEOPLE LEFT BEHIND

PEOPLE PUT FIRST

Support for people to find and enroll in treatment and social services; A stronger safety net that catches people before they experience crisis; A shared complaint process for all payers, including private insurance

Fragmented programs (120) across 13 agencies and the Judicial Branch; Each agency has a separate vision/strategy; Inconsistent communication between programs

FRAGMENTED STRATEGY

UNIFIED STRATEGY

A guiding vision for how to improve behavioral health for all populations, building on strengths between programs and across agencies; Use collective impact model to align activities across separate entities to reach a shared vision

Lack of coordinated efforts; Non-strategic funding allocation and fragmented funding lacking statewide, cross-agency strategy; Underutilized federal match opportunities

FUNDING ISSUES

IMPROVED FUNDING

Leadership for resource allocation across agencies; Shared approach to funding; Maximize federal match funds; Transparent spending and reporting

Data is not trackable; Data is inconsistent between programs; Closed ecosystem designed to meet administrative functions

FRAGMENTED DATA

COMPREHENSIVE DATA

Accessible and trackable statewide data; Improved planning, strategy, gap filling, and accountability; Defined data metrics to inform accurate collecting/reporting; People first approach to data collection and sharing

People struggle to access care and find providers; Many with complex needs fall through the cracks; Unclear where to submit grievances or complaints

NO SYSTEM COORDINATION

SYSTEM COORDINATION

Centralized standards for addressing system gaps; Build relationships between programs; Support system to treat co-occurring needs; Improved provider training with increased capacity for whole person approaches; Streamlined processes for credentialing, contracting, and quality measurement to reduce provider burden and build efficiency

ADVANCING BEHAVIORAL HEALTH EQUITY

Behavioral Health Administration
Strategic Plan

Co-Creating a Just World:
The Power of Centering Lived Experience

The BHA is committed to naming and addressing root causes of injustices. Racism¹ has been at the center of many injustices in our society, including redlining, segregation, eugenics, the War on Drugs, mass incarceration, and many other oppressive practices throughout the present and recent history.^{2,3} These systems and structures leave communities of Black, Indigenous and other People of Color more likely to live with the effects of poverty, experience homelessness, have unequal access to medical services, and be involved in a higher proportion of criminal justice cases.

The BHA’s strategic approach centers equity as a system-wide practice and advocates for whole person health. The BHA acknowledges that some populations have not only been underserved but have experienced greater barriers, harm, and lack of access to necessary behavioral health services based on their identity/identities.

Compared with people who are white, Black, Indigenous and other people of color are less likely to have access to mental health services, seek out services, receive the care they need and are more likely to receive poor quality of care and end services prematurely.⁴

These truths are not evident in traditional analyses, where data representing oppressed populations are under collected, grouped with other populations, or under-reported.

The BHA is building a responsive behavioral health system where all Colorado stories, especially the stories of Black, Indigenous and other People of Color, are represented in data and its interpretation. The BHA will utilize its existing co-creation structures, including the BHAAC, Colorado Black Health Collaborative, Tribal organizations, public comment, and community sessions to seek input on data measures that reflect improved behavioral health outcomes.

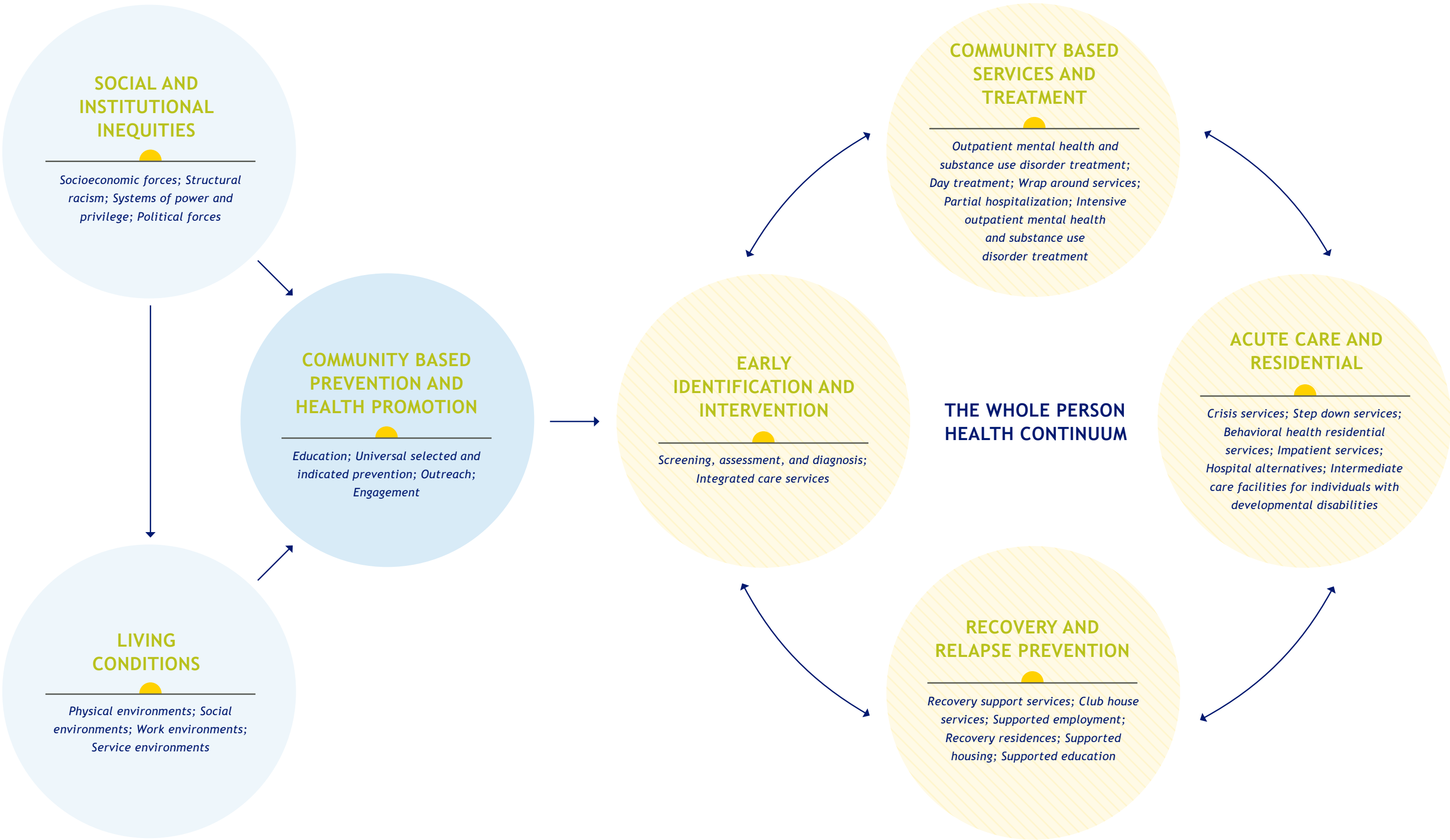
The BHA will address social and structural determinants of behavioral health while coordinating comprehensive care for every person in Colorado. The BHA believes in and advocates for all people in Colorado having:

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

THE BEHAVIORAL HEALTH ECOSYSTEM:
AN EXPANDED PERSPECTIVE

With the formation of the BHA, Colorado has an opportunity to reimagine behavioral health within an ecosystem that works to address root causes of inequities and moves beyond traditional concepts of treatment, crisis, and recovery services. The BHA has expanded its reach to disrupt historical and current social and institutional inequities. By addressing the social, political, economic and structural determinants of health, the BHA can make a lasting and meaningful impact for generations to come.

The graphic below shows a behavioral health ecosystem that acknowledges root causes of health inequities and the work that must be done to improve people’s lives, as the BHA advances whole person health.



HOW THE BHA WORKS

The BHA approaches this work differently than traditional models. Everything the BHA does is grounded in its values, and the work is done collaboratively to reduce fragmentation of the behavioral health system and encourage a holistic, integrated approach to well-being.

*The path to leading with BHA core values of **Generational Impact** and **Collaboration** is networked governance.*

The BHA builds relationships and collaborates with all Colorado state agencies to ensure a networked approach. The BHA represents a new way of leading, one that champions a collective impact approach, leveraging cross-sector strengths.

The state agencies and branches of government involved in the work to date:

- Colorado Department of Agriculture
- Colorado Department of Education
- Colorado Department of Health Care Policy & Financing
- Colorado Department of Higher Education
- Colorado Department of Human Services
- Colorado Department of Labor and Employment
- Colorado Department of Public Health and Environment
- Colorado Department of Public Safety
- Colorado Department of Early Childhood
- Colorado Workforce Development Council
- Colorado Department of Local Affairs
- Colorado Department of Regulatory Agencies
- Office of the Governor
- Colorado Judicial Branch
- Colorado Office of eHealth Innovation
- Office of Information Technology
- Office of State Planning and Budgeting

Per legislation, the BHA Commissioner convenes a **Behavioral Health Interagency Council (Interagency Council)** made up of state agency executive directors to ensure consistent engagement and alignment of state programs, resource allocation, priorities, and strategic planning efforts. The Interagency Council launched in August 2022 and meets regularly.

To further interagency collaboration, the **Behavioral Health Joint Information Center (BH JIC)** was established to coordinate and align behavioral health communication activities across state agencies. This is in alignment with the

governor’s plan for transformation and the BHA’s strategic pillars. The BH JIC meets regularly to increase transparency, build relationships, and identify opportunities for collaboration and joint messaging.

The BHA is also in the process of developing and executing **Formal Agreement Documents (FADs)** with state agencies. The BHA represents a paradigm shift from vertical to horizontal behavioral health governance in Colorado. The process of developing and refining FADs provides the BHA and state agency leadership the opportunity to nurture thoughtful long-term partnerships.

*Centering BHA core values of **Truth** and **Community-Informed Practice**, the BHA leans into the power of co-creation.*

Beyond state government, the BHA collaborates with the people of Colorado, local governments, advocates, and providers to generate solutions and build shared accountability. Communities are the **experts** with the knowledge to build a system that is effective and responsive. The BHA dedicates resources to on-going co-creation and engagement with communities across Colorado to inform the work.

The BHA prioritizes and uplifts the perspectives and wisdom of people with lived expertise. The [BHAAC](#), codified in legislation, is a group of 20 diverse representatives with lived behavioral health experience from across the state who are charged with guiding, co-creating, and monitoring the BHA’s work. The BHAAC launched in August 2022 and meets regularly, with all meetings open to the public. As the BHAAC and Interagency Council take shape, there is an opportunity for both groups to inform statewide behavioral health reform efforts that the BHA is tasked with implementing. As the BHA forges ahead with comprehensive system reforms, it is committed to active listening and gathering input from partners and stakeholders to co-create the policies that will lead to meaningful and trusted services, and just outcomes for people in Colorado. The BHA fully embraces the saying, nothing for us without us, and the BHA’s reformed behavioral health system will reflect the experiences of all people across the state.

*BHA core value of **Equity** means collaboration to serve all people in Colorado.*

The BHA is building a behavioral health system for all people in Colorado, inclusive of race, gender, disability status, age, severity of need, access to financial resources, or geographic location. The BHA has oversight for the entire behavioral health system, and therefore must work collaboratively to set standards that are adopted across state agencies and in both the public and private sector. The BHA recognizes that Colorado needs a continuum of care that serves people at all stages of life from conception to older adults.

ALIGNED INITIATIVES

Behavioral Health Administration
Strategic Plan

SIX PILLARS

Access, affordability, workforce and support, accountability, lived experience and local guidance, whole person care

CORE VALUES

Truth, equity, collaboration, community informed practice, generational impact

PURPOSE STATEMENT

We believe all people in Colorado deserve to experience whole person health, we envision a world in which behavioral health services in Colorado are accessible, meaningful, and trusted.

SIX PILLARS - CORE FUNCTIONS OF THE BHA

The Behavioral Health Task Force (BHTF) developed six pillars, which represent the core functions of the BHA and, together, create the necessary foundation for a strong behavioral health system.

Access: Access to a continuum of behavioral health services that anticipates all levels of need regardless of ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.

Affordability: Financially accessible care for all, made possible by administrative efficiencies across the system and payment models that incentivize and drive improved outcomes.

Workforce and support: A culturally responsive and diverse behavioral health workforce that delivers high-quality healthcare access to all people in Colorado.

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

Lived experience and local guidance: Engaged community stakeholders who provide guidance on how best to meet local behavioral health needs.

Whole person care: Physical and behavioral health care that is integrated, with the social determinants of health adequately addressed.

CORE VALUES

The BHA is committed to co-creating a people-first behavioral health system that meets the needs of all people in Colorado. Therefore, all current and future priorities and strategies must be rooted in our core values:

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

The Behavioral Health Task Force established 19 priorities for the BHA that will continue to guide our work over the next 3 years. Each priority stems from one of the six pillars, and has associated key strategies.

PRIORITIES AND KEY STRATEGIES

Behavioral Health Administration
Strategic Plan

IN THIS SECTION, YOU WILL READ ABOUT:

Pillar 1: Access

Pillar 2: Affordability

Pillar 3: Workforce & Support

Pillar 4: Accountability

Pillar 5: Lived Experience & Local Guidance

Pillar 6: Whole Person Care

Pillar 1: Access

All people in Colorado deserve access to a continuum of behavioral health services and to be connected to those services when and how they need them. To expand access to services, the BHA will prioritize:

1. Developing a “no wrong door” approach to help individuals navigate the full continuum of behavioral health services.
2. Expanding and enhancing the crisis services system, reducing reliance on police for behavioral health emergencies.
3. Addressing fractures in the system, especially between mental health and substance use disorder services.
4. Ensuring equitable access to a complete continuum of behavioral health services across the lifespan.

RECENT ACCOMPLISHMENTS FOR ACCESS

The [BHA’s OwnPath Care Directory](#) launched in July 2022. OwnPath is a web-based, searchable directory that includes all behavioral health providers licensed or designated by the BHA.

Colorado launched the new 988 Suicide and Crisis Lifeline in July 2022, alongside the existing state crisis line (844-493-TALK).

[Partnering for Success: Stakeholder Recommendations for Promoting Behavioral Health Across Colorado’s Criminal Justice Continuum, the Criminal Justice Roadmap](#) released in December 2022.

In December 2022, the Department of Health Care Policy and Financing (HCPF) submitted Colorado’s application for a federal planning grant for a Certified Community Behavioral Health Clinic (CCBHC) state demonstration that may further support efforts to achieve a coordinated comprehensive behavioral healthcare system.

The BHA successfully launched Colorado’s first automated Opioid Treatment Program (OTP) Central Registry in October 2022 that allows providers and state staff to coordinate care for Medication Assisted Treatment (MAT) services in a centralized location. This new system significantly reduces treatment wait times, increasing access to OTP services across the state.

Research shows that 17.25 percent of Coloradans are living with a substance use disorder, 1,881 Coloradans died from drug overdose in 2021 and Colorado has the 7th highest suicide rate in the U.S.^{17, 18, 19}

PRIORITIES AND KEY STRATEGIES FOR ACCESS

Priority: Develop a “no wrong door” approach to help individuals navigate the full continuum of behavioral health services.

The BHA will implement new digital products and modernize existing technology systems. These innovations will enable a no-wrong-door approach to support the people of Colorado in finding and navigating a continuum of culturally- and linguistically-appropriate behavioral health and wellness services.

Key Strategies:

[OwnPath Care Directory](#) future work will focus on expanding the number of providers and services incorporated into OwnPath, while improving accessibility and building trust with community members. [Ongoing]

Develop and release a **behavioral health bed capacity tracker** that will increase efficiencies in connecting individuals to behavioral health treatment. The tracker will provide real-time information on the availability of mental health and substance use disorder treatment beds. [Discovery phase complete by February 2023]

Expand access to **medications for opioid use disorder (MOUD)** through multiple strategies including procurement of mobile medication units and funding support for rural opioid treatment expansion. [Ongoing]

Expand and enhance **telehealth services**, which can be a safe and easy option for people in Colorado to access behavioral health services from a community-based setting or their home. [Ongoing]

INTERAGENCY SPOTLIGHT: Office of eHealth Innovation (OeHI)

OeHI is housed within the Lieutenant Governor’s Office. As stewards of the state’s health information technology (IT) strategy, OeHI and the eHealth Commission developed [Colorado’s Health IT Roadmap](#).

The BHA is collaborating with OeHI and HCPF to leverage and advance the roadmap’s core information services, including interoperable social-health information exchange (S-HIE). S-HIE will be a platform to share behavioral and social health information between providers involved in whole person care. Through this model, people can be referred directly to other providers or social services in the community that match their needs. S-HIE will allow for seamless data sharing, as well as regional hubs that will build relationships between organizations that serve shared clients. The BHA will connect to

statewide S-HIE infrastructure to facilitate referrals that are responsive to social determinants of health needs.

Priority: Expand and enhance the crisis services system, reducing reliance on police for behavioral health emergencies.

The BHA is committed to addressing an unfortunate truth - Colorado’s current behavioral health system too often relies on justice system pathways to accessing care. The following key strategies are critical to the BHA’s comprehensive efforts to harmonize mobile crisis response and justice deflection programs statewide.

Key Strategies:

Expand the **Mobile Crisis Response (MCR) benefit** in collaboration with HCPF. The new benefit will offer timely help to individuals in crisis; reduce unnecessary involvement of law enforcement in behavioral health crises; and offer community-based care instead of emergency department visits and hospitalizations when possible. [Benefit launch, July 2023]

Build a more prepared crisis workforce through the development of a **Crisis Professional Curriculum** which will confer skills and knowledge in trauma-informed de-escalation tactics, risk assessment, and community-based stabilization. [Curriculum drafted, August 2023]

Implement [Crisis Resolution Team \(CRT\) pilots](#) to support families with a child and/or youth experiencing a behavioral health crisis. CRTs provide comprehensive, intensive, in-home services, as well as connection to ongoing support. [Operational in select counties January 2023]

The BHA will award approximately \$50 Million in grants, per Senate Bill 22-196, bringing communities together to create and enhance **community-informed deflection and diversion programs** preventing inappropriate justice system involvement. [Award grants beginning March 2023]

INTERAGENCY SPOTLIGHT: Criminal Justice Collaboration

During the formation of the BHA, partners across the criminal justice sector (law enforcement, courts, magistrates, providers, and others) highlighted the importance of the BHA working in close collaboration with criminal justice partners to address key priorities such as:

- *Focusing on early intervention, deflection, and redirection from the justice system;*

- Ensuring providers are educated and trained in treating populations with justice involvement; and
- Improving accountability within the safety net to serve individuals with justice involvement backgrounds.

The BHA is also committed to focusing upstream to disrupt the school-to-prison pipeline, ensuring that young people have access to behavioral health services that support their resilience and prevent further justice involvement. The BHA collaborates with a group of experts from across state agencies, including the Department of Public Safety, Department of Corrections, and the Division of Probation Services within the Judicial Branch to further identify shared priorities and reform efforts.

Priority: Address fractures in the system, especially between mental health and substance use disorder services.

Colorado’s behavioral health system is currently fragmented and people seeking services need equitable access across the continuum of care, including physical health, mental health and substance use disorder services. The BHA is leading the restructuring of behavioral health standards through a significant rule revision that will help address system fragmentation.

Key Strategies:

The BHA will take on authority of the **Behavioral Health Entity (BHE) license** in order to continue streamlining and consolidating the regulatory structure for licensed BHEs and resolve duplication and conflict - particularly for those providing both substance use disorder and mental health care services. [Revised rule, effective July 2023]

Create the **BHASOs**, regional entities that will consolidate ASOs and Managed Service Organizations (MSOs). BHASOs will expand regional access, including mental health, substance use, crisis services, care coordination, and other essential safety net services across the lifespan. [Launch, July 2024]

Develop **universal contracting provisions**, in collaboration with HCPF and stakeholders, for use by all state agencies when procuring services related to behavioral health. Standardized contracting provisions will reduce fragmentation and administrative burden while promoting accountable, equitable, high-quality behavioral health care. [Development and pilot of provisions, July 2023]

Support HCPF in implementing the **Integrated Care Grant Program** (House Bill 22-1302), which will support funding for provider implementation of evidence-based clinical integration. [Ongoing]

INTERAGENCY SPOTLIGHT: Department of Regulatory Agencies (DORA)

While the BHA’s current work focuses on a comprehensive and high-quality safety net system, the future of the BHA is expansive, providing oversight and coordination of the entire behavioral health system across payers and payment sources.

DORA is responsible for regulating safe practices for 50 different professions that provide vital services to the people of Colorado, accounting for nearly 15 percent of the state’s workforce. Some of the regulated professions that overlap with the behavioral health system include medical professions, health care professions, mental health professions, and alternative health care professions. DORA also operates six mental health boards charged with specialized activities such as inspections, audits, outreach and communication with the public.

DORA and the BHA’s activities will continue to align and require partnership in several ways. The most common interactions include:

- Exploring opportunities to expand licensing and credentialing portability, including the use of interstate compacts
- Collaborating on the launch of a new paraprofessional behavioral health role in Colorado
- Identifying regulatory, policy, and procedural barriers that may impede entry into the behavioral health workforce

Priority: Ensure equitable access to a complete continuum of behavioral health services across the lifespan.

The BHA is pursuing several strategies to improve equitable access to a comprehensive continuum of care that is grounded in community-based prevention services, treatment services, and recovery services across the full life span. This includes ensuring that all people of Colorado are able to receive services in a way that fits their individual needs, through culturally responsive, linguistically and physically accessible service providers within their region.

1 in 3 adults in Colorado had symptoms of anxiety or depressive disorder according to CDC Household Pulse survey in November 2022.⁵

Key Strategies:

Release a BHA-endorsed **whole person health continuum** with essential services from prevention to recovery. This includes clarifying what types and levels of care should be available statewide, while allowing for variances in community-informed/designed services to meet local needs. [High-level overview released in this strategic plan; Public release of detailed continuum including example services and settings, March 2023]

Create and expand the community behavioral health safety net system through continued work with HCPF and other partners. This includes establishing the **regulatory framework** necessary to incorporate standards for new behavioral health safety net provider types. [Revised rule effective July 2023; Ongoing]

Design and implement a **methodology** to measure progress and identify opportunities to improve access to equitable behavioral health services across the state. The BHA will continue to refine this methodology to ensure it provides visibility on access to quality care for diverse communities. [Establish baseline metrics, June 2023]

Health inequities are health differences that are avoidable, unnecessary, unfair, and unjust. Root causes of inequities include racism, systems of power and privilege, political forces, and socioeconomic forces.¹¹

Diverse Stakeholder Engagement & Co-Creation. To inform BHASO design and implementation, the BHA received input from around 300 people participating in 26 live stakeholder engagement sessions. These sessions focused on a wide range of stakeholder groups, including Tribes, LGBTQIA2S+, BIPOC (Black, Indigenous, and People of Color), people with disabilities, and people with Serious Mental Illness (SMI). Specific sessions also included Regional Accountable Entities (RAEs), Community Mental Health Centers (CMHCs) and other providers, counties, schools, and law enforcement. Within each session, closed captioning and Spanish translation were made available; two sessions were held with American Sign Language interpreters.

Pillar 2: Affordability

To promote affordability as outlined in the BHTF [Blueprint](#) for Reform, the BHA will prioritize:

- 1. Ensuring adequate rates of payments and reimbursement for the full continuum of behavioral health services.
- 2. Streamlining and consolidating funding streams that include maximizing federal dollars.
- 3. Prioritizing the community investment funding available for not-for-profit hospitals to support implementation of the BHTF recommendations.

PRIORITIES AND KEY STRATEGIES FOR AFFORDABILITY

Priority: Ensure adequate rates of payments and reimbursement for the full continuum of behavioral health services.

The BHA will develop payment approaches that support access to care while incentivizing and holding providers accountable for performance and outcomes. This ensures that people in Colorado will have access to high quality care that is unbroken across the continuum.

The following strategies are vital components of aligning payment and quality.

Key Strategies:

Define and implement a **quality framework** for payment models, performance measurement, and monitoring that aligns with the state’s vision for a people-first behavioral health system. [December 2024]

Explore **alternative payment methodologies** that emphasize value and people-centered outcomes, in collaboration with HCPF and as outlined in the [Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System](#). [Stakeholder engagement through July 2023]

Launch a **comprehensive behavioral health budget and planning process** across state agencies to better utilize available funding streams through the braiding and blending of dollars. This approach will emphasize investments in maternal, early childhood, primary and secondary prevention, and direct services for children, youth, and families. [Spring 2024]

Priority: Streamline and consolidate funding streams that include maximizing federal dollars.

In order to achieve Colorado’s bold vision of behavioral health reform, the BHA will need to think creatively about how to leverage federal dollars differently across the system, how to streamline and consolidate funding streams, and how to coordinate across agencies toward a cohesive behavioral health financing strategy.

Key Strategies:

Engage other state agencies in strategic planning to **maximize and align federal spending** for key initiatives such as the crisis continuum (ARPA funds and federal match for mobile crisis response), workforce (federal funding of workforce with multiple agencies), and child and youth wellbeing. [Ongoing]

Ensure that **FADs** reflect the need for collaboration around financial strategies, budgeting, and resource allocation to support whole person health. This will help the BHA to maximize funding for behavioral health in the state and provide strategic direction for behavioral health funds across state agencies. [Spring 2023]

Facilitate a **statewide behavioral health financing strategy and policy** that prioritizes transparency and accountability for behavioral health system expenditures and performance. [Ongoing]

INTERAGENCY SPOTLIGHT: Colorado Department of Education (CDE)

Supporting Colorado’s young people will require close collaboration between the BHA, CDE, local communities, and school districts. Building effective connections between schools and health centers, school communities, the broader system of care, and strengthening the continuum of services available is imperative to support and promote healing of children, youth, and families in a whole person framework. The BHA will collaborate with CDE to increase awareness of and access to behavioral health services for school-aged children and youth, and increase mental health literacy for school communities.

The BHA and CDE will continue collaborating around Project AWARE, which aims to increase awareness of mental health, substance use, and co-occurring issues among school-aged children and youth. The project increases mental health literacy for individuals in schools, and increases access and connection to mental health services and supports.

INTERAGENCY SPOTLIGHT: Department of Health Care Policy and Financing (HCPF)

As the largest payer in the state - HCPF covers one in four people in Colorado through Medicaid and other safety net programs. Almost all of the major BHA initiatives include HCPF to ensure systems alignment and coordination. For example, as the BHA focuses on implementing new quality standards, it is also working with HCPF to create payment models that support and incentivize meeting those standards. Implementing a single fiscal management system is another example, where the BHA is leveraging technology and analytics from HCPF to consolidate eligibility determination for publicly funded behavioral health programs and, ultimately, to ensure the maximization of federal dollars. Both agencies are fully committed to working in close collaboration to ensure the people of Colorado have a streamlined and coordinated behavioral health system, where access, quality, and payment are all aligned.

Pillar 3: Workforce and Support

A high-quality, trained, resourced, culturally responsive and diverse behavioral health workforce is needed in Colorado to support improved health and access. To expand and support the workforce, the BHA will prioritize:

- 1. Expanding capacity for a culturally competent licensed and unlicensed workforce.
- 2. Supporting and funding the use of a diverse workforce, including peer support professionals.
- 3. Reducing administrative burden for providers.

RECENT ACCOMPLISHMENTS FOR WORKFORCE AND SUPPORT

- The BHA released its **workforce development plan** in September 2022, titled [Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership](#). This plan was developed in response to Senate Bill 22-181 and outlines the vision for strengthening the behavioral health workforce.
- The BHA has released grant programs to support **building a diverse workforce**. For example, the Behavioral Health Incentive Program (Senate Bill 21-137) funds institutions with degree and certificate programs in behavioral health to grant scholarships to rural and low income students enrolled in these programs. The Substance Use Workforce Stability Grant Program (House Bill 22-1281) prioritizes awarding grants to substance use disorder treatment and recovery support services that serve historically-excluded populations.

PRIORITIES AND KEY STRATEGIES FOR WORKFORCE AND SUPPORT

Priority: Expand capacity for a culturally competent licensed and unlicensed workforce.

Improving access to quality behavioral health services requires concerted efforts to recruit and retain a culturally competent workforce. The BHA is committed to engaging a workforce of diverse backgrounds, training, and lived experience to meet the needs of the people of Colorado.

Key Strategies:

Develop and implement a **behavioral health learning hub**, which aims to increase the skills and resilience of providers to deliver trauma-informed, culturally and linguistically responsive care. This includes building competence for understanding and addressing the specific needs of BIPOC populations, people living with disabilities, veterans and LGBTQIA2S+ communities. [Launch in late 2023]

Develop career pipelines by collaborating with and providing funding to community partners who are working directly with young people of color, first generation college students, and other populations critical to improving diversity within the workforce. [Launch grant program, June 2023]

Priority: Support and fund the use of a diverse workforce, including peer support professionals.

Developing a culturally responsive, diverse and trauma-informed behavioral health workforce also requires new ways to accelerate training and entry into behavioral health careers.

Key Strategies:

Implement the priorities in the [BHA's Workforce Development Plan](#), including expanding and strengthening the **peer support workforce** throughout the state, and implementing and building out a sustainable **behavioral health aide program**. These initiatives promote tiered entry into the workforce and reduce traditional barriers to starting a career in behavioral health. [Peer support strategy, January 2023; Launch behavioral health aide program July 2024]

Work with DORA and HCPF to identify and address **regulatory, policy, and procedural barriers** at various stages of an individual's career path. These efforts aim to increase provider participation in public and commercial insurance markets. [Ongoing]

INTERAGENCY SPOTLIGHT: Colorado Department of Labor and Employment (CDLE)

A key component of the BHA's workforce strategy is expanding behavioral health apprenticeship opportunities, connecting employers to employees, and providing guided on-the-job training for individuals at entry points into the workforce. CDLE's Office of the Future of Work (OFOW) has been a leader in designing and implementing high quality apprenticeship programs throughout the state and developing relationships with key employers and educational partners. Funding allocated through Senate Bill 22-181 will allow for a greater number of apprenticeships in the behavioral health field, and the BHA applauds CDLE for recently approving the state's first behavioral health apprenticeship program.

The BHA also works closely with CDLE's Division of Vocational Rehabilitation, specifically around Individual Placement and Support (IPS). IPS is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar disorder, depression) or substance use disorder. IPS helps people living with behavioral health conditions work at regular jobs of their choosing. Colorado currently supports the provision of these services with a braided funding strategy by way of the BHA, Division of Vocational Rehabilitation, and Medicaid resources.

INTERAGENCY SPOTLIGHT: Colorado Department of Higher Education (CDHE)

Senate Bill 22-181 calls for the BHA to identify barriers to sustaining a robust workforce able to meet the behavioral health needs of the people of Colorado and develop strategies to address them. One consistent barrier that has been identified is transitioning student practitioners and pre-licensure clinicians from the educational setting into full licensure. This is especially true for prospective clinicians from economically or structurally marginalized populations, who may be more likely to experience financial hardship in completing requirements or have additional circumstances that create barriers to completion, such as adequate transportation, child care needs, or financial necessity to maintain other employment.

In coordination with partners in higher education, funding will be allocated to qualified individuals to support the completion of internships and pre-licensure requirements. Schools will be responsible for determining eligibility based on criteria established jointly between the BHA, CDHE, and community representatives.

Priority: Reduce administrative burden for providers.

The BHA is committed to centering the client experience and advancing a people-first behavioral health system. In order to do so, it must decrease

administrative barriers to care, ensuring that providers can prioritize serving clients, while improving access to quality care.

Key Strategies:

Ensure that the principles guiding major BHA initiatives, such as rule revision, universal contracting provisions, and alternative payment methodologies, include **reducing administrative burden while not compromising quality** or accountability. [Ongoing]

Work with other agencies to explore the feasibility of processes and policies that could **ease supervision and licensing barriers** - while still maintaining a profession of excellence - for clinicians entering the behavioral health system. [Ongoing]

Streamline data collection requirements for providers by building processes and architecture that reinforce quality data and interoperability. This includes establishing a comprehensive set of data models for behavioral health services and leveraging tools to expand reporting capabilities across payer and provider types. [Ongoing]

Pillar 4: Accountability

Collaboration across stakeholders ensures that people in Colorado are receiving high-quality services. To promote accountability, the BHA will prioritize:

- 1. Researching, developing, and publishing population-specific standards of care and co-created outcomes to measure quality.
- 2. Addressing high suicide incidences and inequities in care access, delivery, and outcomes for historically-excluded populations.
- 3. Designating a single fiscal management system to be used to account for publicly funded services to improve upon the strategy and efficiency with State spending.

RECENT ACCOMPLISHMENTS FOR ACCOUNTABILITY

The BHA is hiring key leadership positions to guide critical initiatives related to accountability, including a Deputy Commissioner of System Equity and Effectiveness; Division Director of Quality and Standards; Chief Financial Officer; Senior Advisor for Children, Youth and Families; and a Chief Data and Analytics Officer.

PRIORITIES AND KEY STRATEGIES FOR ACCOUNTABILITY

Priority: Research, develop, and publish population-specific standards of care and co-created outcomes to measure quality.

While the BHA is charged with building a behavioral health system for all people in Colorado, it acknowledges that certain populations face structural barriers to care that often lead to poor health outcomes. The following strategies aim to identify needs and better serve priority and historically-excluded populations in Colorado.

Key Strategies:

Develop a **Children, Youth, and Families (CYF) framework for Colorado** that is family-driven, youth-guided, trauma-informed, community-based, and culturally and linguistically responsive. For too long, children, youth, and families have had to fit into a system created by and for adults. The CYF framework will focus on child, youth, and family-specific needs, including pregnant and parenting persons and inclusive of social determinants of health. [June 2023]

Less than 1/3 of Coloradans in need of mental health care receive it, especially in rural counties. In 2021, 46% of American Indian or Alaska Native high school students in Colorado reported experiencing feelings of depression in the past year.^{6,7}

Stand up **regional subcommittees** of the BHAAC to inform the BHA on local and regional trends, service gaps, and potential solutions across the lifespan. [July 2024]

Develop a comprehensive approach to measuring **system performance and centering population health**. [October 2023]

Acknowledge tribal sovereignty and **collaborate on Tribal community-led projects**, through formal consultation and regular engagement with indigenous leadership and communities on behavioral health priorities. [First behavioral health-focused tribal consultation Feb 2023 & Ongoing]

INTERAGENCY SPOTLIGHT: Colorado Department of Early Childhood (CDEC)

Colorado’s new Department of Early Childhood is a key partner in advancing the BHA’s value of generational impact. CDEC seeks to build access to a robust, trauma-informed, culturally and linguistically competent continuum of early childhood mental health programs and services, from promotion and prevention through recovery, to ensure all children, families and early childhood professionals are healthy, valued and thriving.

The BHA is collaborating with CDEC to support and expand the Family Resource Center (FRC) model as a known, safe, and trusted community-based

access point for young people and families to connect with comprehensive, coordinated support and services. Services are tailored to the culture, resources, and needs of each community they serve, and focused on building on the strengths of the family and individual.

The BHA will also collaborate with CDEC on priority areas that intersect with behavioral health, including building a sustainable early childhood mental health workforce and expanding early childhood social, emotional, and mental health investments to ensure continuity of services and support.

INTERAGENCY SPOTLIGHT: Colorado Department of Agriculture (CDA)

CDA is a key partner in supporting behavioral health in rural Colorado. The BHA knows that there are not enough behavioral health providers in rural areas; mental and behavioral health are still heavily stigmatized; and rural areas have higher incidences of anxiety and suicide than urban areas.

In response, CDA has collaborated with the BHA and Colorado Crisis Services to develop cultural competency training for providers supporting agriculture families and to produce free Public Service Announcements. CDA is also awarding grants to local partners with the objectives of increasing awareness of behavioral health services and resources, providing services to rural Colorado, and continuing efforts to destigmatize mental health in rural communities.

The BHA is committed to collaborating with CDA to identify innovative and culturally responsive approaches and services to reach rural communities, farmers, ranchers, and their core support networks.

Priority: Address high suicide incidences and inequities in care access, delivery, and outcomes for specific and marginalized populations.

In order to address root causes of behavioral health inequities, the following strategies necessitate coordination and collaboration with an expanded network of partners addressing social determinants of health.

Key Strategies:

Collaborate with CDPHE on key prevention initiatives and prioritize collaboration with the Office of Health Equity, Office of Suicide Prevention, and Office of Gun Violence Prevention. [Ongoing]

Actively participate in CDPHE’s **Suicide Prevention Commission** and collaborate with CDPHE and other partners to implement Commission recommendations, which are detailed in the [Office of Suicide Prevention’s annual report](#).

Recommendations that align with the BHA strategic vision include:

- Supporting mental and behavioral health providers with tools, skills, and community resources to ensure that involuntary treatment options are used only after all other options have been exhausted.
- Prioritizing, promoting, and expanding community-based alternatives to involuntary treatment for support, respite, and recovery prior, during, and after periods of crisis that preserve dignity and are responsive to identity, culture, and personal autonomy.
- Adopting standard protocols for following up with suicidal patients after discharge from emergency departments and inpatient settings.
- Supporting schools, school communities, and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors. (The Commission also has specific recommendations on supporting priority populations in this space, including [LGBTQIA2S+ youth and young adults](#); [Black, Indigenous, and Youth and Young Adults of Color](#); and [young adults \(ages 19-24\)](#)).

Identifying and paying for equitable approaches to care, such as non-traditional service providers and **translation and interpretation** services as a key component of care coordination. [Ongoing]

Contribute to the Governor’s goal of **reducing unhoused persons by 50% by 2027** by collaborating with the Department of Local Affairs (DOLA), HCPF, and other partners to develop a sustainable approach to funding supportive housing, enhancing care coordination infrastructure, and reducing entry into homelessness. [Ongoing]

INTERAGENCY SPOTLIGHT: Colorado Department of Public Health and Environment (CDPHE)

CDPHE brings a public health lens to behavioral health and expertise in designing population health strategies to promote behavioral health equity in Colorado. Some of the key areas of intersection with the BHA over the next three years include:

- Strategic alignment around CDPHE’s [Public Health Improvement Plan](#), which includes the goal of “improving access to mental and behavioral health care for all people in Colorado and assuring a fully integrated approach of prevention, intervention and treatment services.”

- Collaboration around House Bill 22-1267, focused on providing culturally relevant training to health-care providers. There are several opportunities to coordinate and align efforts with implementation of the BHA’s workforce development strategy and learning platform.
- Collaboration around Senate Bill 21-181, which CDPHE is leading to develop an equity strategic plan and coordinate equity-related work across state agencies to address health inequities and the social determinants of health.

INTERAGENCY SPOTLIGHT: Department of Local Affairs (DOLA)

People experiencing homelessness face numerous barriers to behavioral health care that can leave their conditions untreated or undertreated. This can contribute to chronic homelessness and/or result in a homelessness-jail cycle—where people rotate in and out of jail, withdrawal management centers, and emergency health care. Gaps include a lack of access to specialty care and rehabilitation, poor management of complex needs, lack of safe housing, and lack of care coordination.

There is no one-size-fits-all solution to these complex challenges. The BHA is collaborating with DOLA’s Division of Housing, Office of Homeless Initiatives and other key stakeholders to scale proven solutions focused on quickly connecting people, including young people and families at the intersection of homelessness and behavioral health issues to services, treatment and stable shelter/housing. Together, the two agencies are working toward a collective vision where everyone in Colorado is healthy and housed, and that if homelessness occurs, it is a rare and brief occurrence.

Priority: Designate a single fiscal management system to be used to account for all publicly funded services to improve upon the strategy and efficiency of state spending.

The BHA and HCPF are building a single comprehensive fiscal management framework that will improve transparency and accountability, inform how investments are made, and improve quality and the ability to achieve better outcomes across the lifespan for those needing behavioral health services.

Key Strategies:

Develop a **single financial payment system** that leverages existing HCPF technology infrastructure for coordination of publicly funded behavioral health services [Launch July 2023]

This includes:

- Consolidating disparate eligibility processes within a **common eligibility system** to eventually serve all the state’s behavioral health programs. This will reduce duplicative processes and improve enrollment efforts across payers.
- Intaking and processing claims through an **integrated data reporting system** to improve the state’s monitoring capability. The single reporting system will consolidate data reporting processes, reducing provider effort with reporting to multiple systems or performing duplicative reporting processes.
- Providing **comprehensive, system-wide analytics** of publicly funded services by developing transparent reports, dashboards, and insights to the legislature and stakeholders.

Pillar 5: Lived Experience and Local Guidance

Collaboration with community stakeholders is central to co-creating solutions that meet local behavioral health needs. The BHA values the expertise of community and those with lived experience, and will prioritize:

1. Collaboratively identifying Tribal, local, regional and systemic service gaps and solutions.
2. Forming and engaging advisory groups to continuously provide input and guidance on system improvements.
3. Identifying and providing sustainable, flexible funding streams for local communities to prioritize primary prevention and advance behavioral health equity.

RECENT ACCOMPLISHMENTS FOR LIVED EXPERIENCE AND LOCAL GUIDANCE

- As part of the Behavioral Health Continuum Gap Grant Program, the BHA designed and released a web-based [community assessment toolkit](#) that includes a variety of resources to support communities in identifying their strengths, needs, and gaps, as well as guidance and examples on innovative solutions across the continuum of care.
- The members of the inaugural [BHAAC](#) were appointed, following an application process in July 2022 as part of the formal launch of the BHA.
- The BHA published its initial [Grievance Standard Operating Procedure](#), in July 2022.

PRIORITIES AND KEY STRATEGIES FOR LIVED EXPERIENCE AND LOCAL GUIDANCE

Priority: Collaboratively identify Tribal, local, regional, and systemic service gaps and solutions.

The BHA believes that communities are best positioned to co-create an effective system that addresses their needs. The BHA supports those with lived experience in helping shape their system of care.

Key Strategies:

- Collaborate with communities to refine the [community assessment toolkit](#) and identify strengths, gaps, and co-create solutions. [Ongoing]
- Work closely with Tribal partners and communities to ensure that advisory boards and subcommittees have equitable Tribal inclusion. [Ongoing]

Priority: Form and engage advisory groups to continuously provide input and guidance on system improvements.

The following strategies ensure that the BHA shares power with communities across Colorado and is accountable for addressing system issues and grievances.

Key Strategies:

Seek diverse input on challenges, gaps and potential solutions to inform and guide the BHA’s vision and strategy through regular meetings with the BHAAC. Per legislation, work with BHAAC members may include working groups focused on priority populations. [Ongoing]

Leverage other existing behavioral health advisory groups for valuable input, including the Behavioral Health Planning & Advisory Council (BHPAC), Mental Health Advisory Board for Service Standards and Regulations, and Child and Youth Mental Health Services Standards Advisory Board. [Ongoing]

Use the newly created [grievance process](#) to evaluate challenges and gaps in care across payer and provider types. The BHA will coordinate and analyze data collected in the grievance process to identify themes and opportunities to address systemic gaps. Infrastructure will be developed to ensure that future grievance reports include data by managed care entity, BHASO, payer source, and service or diagnosis. These reports will be shared publicly. [July 2024]

INTERAGENCY SPOTLIGHT: Behavioral Health Ombudsman of Colorado (Ombudsman Office)

The Ombudsman Office was established to work with community-based organizations, state agencies, and providers to better serve the behavioral health community, and to educate consumers of their rights to insurance coverage and help them navigate the insurance system. The Ombudsman Office interacts with consumers and health care providers with concerns or complaints to help resolve behavioral health care access and coverage issues.

The BHA will be working with the Ombudsman Office to establish public transparency in data sharing to evaluate and report on system performance and accountability. The BHA and the Ombudsman Office will also discuss aggregate data regarding the type and frequency of complaints received. This will inform prioritization and strategies for systemic change focusing on service availability, workforce development, and payer source, as dictated by the most frequent complaint types.

PARTNER SPOTLIGHT: Colorado Commission of Indian Affairs (CCIA) through the Lieutenant Governor’s Office

The BHA is committed to building a strong and highly collaborative relationship with the Southern Ute Tribe, the Ute Mountain Ute Tribe, Denver Indian Health and Family Services, and the American Indian and Alaska Native-serving (and Native-Hawaiian and other Indigenous Peoples) agencies. Only through shared decision-making with Tribal communities can the BHA hope to acknowledge the past and present harm of colonization, identify culturally restorative practices of healing, and support Indigenous-designed treatment and systems that recognize the value of cultural healing.

The BHA’s leadership and Tribal Affairs Specialist will actively engage in collaborative meetings with CCIA and the many agencies that share goals under this umbrella. The BHA will attend monthly meetings with Tribal Councils, the Lieutenant Governor’s Office and CCIA, and work across state agencies to take action on agreed-upon goals and strategies. This includes working with DOLA on housing initiatives, working with CDPHE on data and health equity initiatives, HCPF on payment systems that support equitable care, and building strong and lasting relationships with Tribal and community leaders and people in the American Indian and Alaska Native community.

In addition to gathering valuable input from its advisory committees, the BHA also formed relationships with community partners to better understand and address population-level challenges, gaps, and potential solutions. Such partners include the Colorado Black Health Collaborative (CBHC), Asian Pacific Development Center (APDC), Servicios de la Raza, and the Colorado Cross-Disability Coalition (CCDC). The BHA also visited both federally recognized Tribes in Colorado - Ute Mountain Ute and Southern Ute - and the BHA is planning to hold consultations with both Tribes and with Urban Indian organizations in 2023.

Priority: Identify and provide sustainable, flexible funding streams for local communities to prioritize prevention and advance behavioral health equity.

While the BHA has released historic levels of behavioral health grant funding, there is acknowledgement that identifying innovative and sustainable sources of funding is critical to pair with these one-time opportunities. The BHA also acknowledges that ensuring equitable care requires expanding access to behavioral health through primary care and other healthcare settings.

Key Strategies:

Support communities in accessing historic levels of behavioral health funding through [BHA grant programs](#), including the Behavioral Health Continuum Gap Grant Programs (House Bill 22-1281), which cover services from primary prevention through recovery. [Ongoing]

Collaborate with CDPHE to support and expand the **School Based Health Center (SBHC)** model to ensure equitable access to culturally responsive, high quality and low-cost physical, oral and behavioral health services in community-based environments for children and youth. [Ongoing]

Leverage opportunities to improve reimbursement for **integrated physical and behavioral health services**. In addition, the BHA is developing rules and standards that support provision of essential behavioral health safety net services in physical health settings. [Ongoing; Rule revision effective July 2023]

Pillar 6: Whole Person Care

People in Colorado are best served when their social determinants of health are adequately addressed. To promote whole person care, the BHA will prioritize:

1. Offering and expanding care coordination services to address social determinants of health.
2. Creating planned and facilitated education opportunities on behavioral health and cognitive disabilities for law enforcement, first responders, judges and court officials, and other partners.
3. Expanding high-intensity case management with treatment for individuals being discharged from a psychiatric hospital.

RECENT ACCOMPLISHMENTS FOR WHOLE PERSON CARE

To address the urgent needs of children and youth with high acuity behavioral health needs in Colorado, the BHA, CDHS, and HCPF have formed an interagency executive sponsor team to identify and implement solutions through greater collaboration.

PRIORITIES AND KEY STRATEGIES FOR WHOLE PERSON CARE

Priority: Offer and expand care coordination services to address social determinants of health.

The BHA is committed to care coordination that focuses on person-centered, trauma-informed, and culturally and linguistically responsive activities that support individuals and families in accessing and engaging in the physical health, behavioral health, and social services needed to achieve whole person health.

Key Strategies:

Provide a roadmap for building, expanding and strengthening **statewide care coordination infrastructure**, informed by recommendations from the care coordination [User Design Work Group](#) and [Policy Work Group](#), and leveraging the S-HIE to share behavioral and social health information between providers. This includes defining levels of care coordination services through common language as outlined in the new rules that will be effective July 2023, determining the role of BHASOs in supporting care coordination, developing standards of care, and exploring opportunities to improve payment and accountability models. [July 2024]

Improve **care planning and handoffs** from one level of care to another by supporting care coordination communication across providers and partners. This includes developing new digital products such as a **Referral Tool** that will facilitate the seamless transition of care from one setting to another and significantly improve the experience of individuals waiting to access behavioral health care. [Discovery phase in late 2023; Implementation in 2025]

Priority: Create planned and facilitated education opportunities on behavioral health and cognitive disabilities for law enforcement, first responders, judges and court officials, and other partners.

The following strategies will help ensure that people in Colorado receive equitable, individualized, and compassionate care across the behavioral health ecosystem.

Key Strategies:

Create **intentional content** through the behavioral health learning hub to ensure community behavioral health providers, first responders, dispatchers, law enforcement, court staff, public defenders, correctional staff, and other judicial and criminal justice teams have access to relevant training and resources. [Learning hub launch, late 2023; Intentional trainings, July 2024]

Develop and launch training on important changes to state statute around **emergency mental health holds** and strengthen community and provider understanding of patient rights. Training will highlight new laws allowing certified peace officers to postpone arresting individuals with warrants (with some exclusions) in order to prioritize behavioral health treatment outside of a corrections environment. [July 2023 and ongoing]

Priority: Expand high-intensity case management with treatment for individuals being discharged from a psychiatric hospital.

Equity is also about ensuring that those with needs, such as people being discharged from inpatient settings and those with a serious mental health condition, receive adequate and holistic care to ensure they are able to live and thrive within their community of choice.

Key Strategies:

Support CDHS’s Office of Civil and Forensic Mental Health (OCFMH) in its efforts to create **Mental Health Transitional Living Homes**, which will be used as a transition to a less restrictive setting for individuals with severe mental health conditions. HCPF will also work with OCFMH to add at least 125 beds at mental health residential facilities across the state for adults in need of ongoing supportive services. [Fully operational, Summer 2024]

Work with CDHS, HCPF, and key partners to ensure **children and youth with high acuity behavioral health needs** receive equitable access to high quality assessment and treatment, care coordination, peer support, and other behavioral health care in the settings which best serves their needs. Through House Bill 22-1283, the BHA will focus on expanding substance use residential

treatment options [June 2023] and a community-based crisis response service system for pregnant and parenting people, children, youth and families. [December 2025]

The BHA will support OCFMH with designing and standing up a new neuropsychiatric facility for children and youth with complex behavioral health needs. [opening January 2025]

Collaborate with CDHS’ Office of Adult, Aging and Disability Services to develop integrated care models for **people with intellectual and developmental disabilities** (IDD) and intensive needs. The BHA will also work closely with HCPF to leverage work being done with RAEs to ensure behavioral health services are not denied for people with IDD. [Ongoing]

INTERAGENCY SPOTLIGHT: Colorado Department of Human Services (CDHS)

Colorado has made tremendous strides over the past decade to support child and family wellbeing and to keep families safely together. At the same time, Colorado has monitored higher rates of children and youth in the child welfare system with highly complex medical and behavioral health needs. The BHA has observed the population of children and youth served in residential facilities shift dramatically, resulting in a smaller population but one that requires more intensive staffing, treatment, and care coordination. Colorado has taken several steps to support the existing treatment continuum in serving children and youth with highly acute needs, but work remains to refine Colorado’s various levels of care.

The BHA is collaborating closely with CDHS and key partners to identify immediate safe and supportive solutions for these youth, while creating and strengthening a comprehensive continuum of care for all Colorado children and youth. One example of this is the Braided and Blended Funding Pilot that is identifying standard policies on funding wraparound, home-based, and family-centered care across BHA, HCPF, and CDHS Office of Children Youth and Families.

INTERAGENCY SPOTLIGHT: Department of Personnel and Administration (DPA)

The Colorado State Employee Assistance Program (CSEAP) is housed within DPA and serves all state employees. CSEAP priorities include ensuring that state workers have access to mental health care. CSEAP is currently engaging in brief ‘pop-up’ clinics and has also transitioned to telehealth for a large portion of care to state employees. The BHA is grateful for CSEAP and its providers for ensuring that the BHA team is well, so that the team may promote the well-being of Colorado.

ROADMAP TO REFORM

Behavioral Health Administration
Strategic Plan

The priorities and key actions presented in this strategic plan are summarized in the following graphics. The image below summarizes the five key structural reforms of the BHA and the impact for the people of Colorado.

BHA Roadmap

Build an accountable, affordable, high-quality behavioral health system, in collaboration with other state agencies.

A cross-payer, cross-sector, strategy ensures that the people of Colorado get the services they need, no matter how they access services.

Establish networked governance structure of the BHA to improve accountability.

State agencies are working together to create a new legacy for you, for your loved ones, and for generations to come.

Promote a new system norm of investing in upstream prevention.

Creating a more just world for the people of Colorado starts with addressing the material conditions of their everyday lives.

Create BHASOs to expand provider networks and services.

Services that are accessible, meaningful, and coordinated statewide will support the resilience of individuals, families, and communities.

Implement new digital products and modernize existing tech systems to enhance access to care.

Every person in Colorado deserves to experience whole person health and have supports that meet them where they are.

The table below explains how major system reforms connect to transformative changes within the behavioral health provider network and program continuum.

Structural Reform				
Establish networked governance structure of the BHA to improve accountability	Build an accountable, affordable, high-quality behavioral health system, in collaboration with other state agencies	Promote a new system norm of investing in upstream prevention	Create Behavioral Health Administrative Service Organizations to expand provider networks and services	Implement new digital products and modernize existing tech systems to enhance access to care
Network and Provider Reform				
<ul style="list-style-type: none">• Cross-agency coordinated provider requirements• Regional councils informing local provider networks to meet local needs	<ul style="list-style-type: none">• Establish regulatory framework for whole person health continuum• Deploy people-centered data strategy• Implement new funding models with HCPF• Coordinate interagency grievance resolution process• Streamline behavioral health contracting across agencies	<ul style="list-style-type: none">• Maximize cross-agency investments in primary prevention• Support cross-agency efforts to build community resilience and connectedness	<ul style="list-style-type: none">• Comprehensive care coordination across the lifespan• Establish system of care for children, youth, and families• Explore alignment of safety net enhancements with federally supported models• Recruit and support an inclusive and trusted workforce	<ul style="list-style-type: none">• Statewide provider referral system and bed tracker• Online workforce learning academy
Continuum and Program Reform				
<ul style="list-style-type: none">• Cross-agency financing and program alignment with BHA whole person health continuum	<ul style="list-style-type: none">• Create single pathway for MH/SUD emergency care that deflects from justice involvement• Align standards of care across BHA whole person health continuum	<ul style="list-style-type: none">• Expand 2-generation, early childhood, and school-based BH supports• Pursue sustainable approach to financing supportive housing and wrap-around supports	<ul style="list-style-type: none">• Expand crisis continuum across the life span• Expand trauma-informed services for justice-involved individuals• Strengthen integrated care approaches• Pilot family centered crisis resolution teams and in home wraparound services	<ul style="list-style-type: none">• Own Path BH care directory• Social health information exchange

CONCLUSION

Behavioral Health Administration
Strategic Plan

Desired Outcomes

When the BHA launched in July 2022, leadership reviewed and identified points of intersection between all major behavioral health recommendations, assessments, legislation, and requirements put forth since the 2019 launch of the BHTE. Clear, overarching themes were identified and serve as the BHA’s four long-term strategic outcomes described below. These four outcomes are a connection to all of the past work that led us to this moment, as well as a guide toward a people-first behavioral health system of the future.

Together with its partners, the BHA is hopeful for a future behavioral health system in which there is:

- An equitable, easy to access, behavioral health system of care that meets the needs of the whole person, no matter where they are in the state, with a diverse, trauma-informed, skilled, and supported workforce;
- An accountable behavioral health system that prioritizes transparent performance standards, quality improvement, and data integration;
- Intentional coordination and collaboration with people who have lived experience, communities, state agencies, local partners, and regions statewide, to build a community-informed model of excellence for behavioral health services and payment across the continuum;
- A BHA that represents its values of truth, equity, collaboration, community-informed practice and generational impact; and that strives for thoughtfulness and accountability implementing an integrated and networked approach.

These outcomes will continue to be anchored and reported on through annual updates to the General Assembly, as required by House Bill 22-1278 (C.R.S. 27-50-204).

Closing Remarks

The BHA and Colorado are on a journey of transformation to bring about behavioral health services that are accessible, meaningful, and trusted. This journey starts with hope, passion, a focus on accountability, and high expectations for the future. With a commitment to truth, equity, collaboration, community-informed practice, and generational impact as its compass, the BHA exists to ensure everyone has equitable opportunities for whole person health and mental wellness. The BHA will hold itself accountable for creating meaningful outcomes across the state - for you, for your loved ones, and for generations to come.

APPENDICES AND GLOSSARY

Behavioral Health Administration
Strategic Plan

SUMMARY TABLE OF KEY STRATEGIES AND TIMELINES

Access	
Key Strategy	Timeline
Build out the OwnPath Care Directory - expand the number of providers and services, and conduct user design research	Ongoing
Expand access to medications for opioid use disorder	Ongoing
Expand and enhance telehealth services	Ongoing
Support implementation of the Integrated Care Grant Program	Ongoing
Implement Crisis Resolution Team (CRT) Pilots	All teams operational, January 2023 Goal of 900 family units served, July 2025
Award grant funding to prevent people with behavioral health needs from becoming involved with the criminal justice system	Award grants, beginning March 2023
Develop and release a behavioral health bed capacity tracker	Discovery phase complete, February 2023
Develop a BHA-endorsed whole person health continuum	Public release of detailed continuum including example services and settings, March 2023

Create BHASOs	Release Request for Proposals, Spring 2023 Create administrative rules, July 2023 Launch, July 2024
Expand the Mobile Crisis Response Benefit	Benefit launch, July 2023
Revise and restructure rule	Revised rule effective, July 2023
Expand the community behavioral health safety net system	Revised rule effective, July 2023 Ongoing reform
Develop universal contracting provisions	Development and pilot of provisions, July 2023
Develop a Crisis Professional Curriculum	Curriculum drafted, August 2023

Affordability	
Key Strategy	Timeline
Engage in strategic planning to maximize and align federal spending	Ongoing
Facilitate a statewide behavioral health financing strategy and policy	Ongoing
Complete all formal agreement documents (FADs) with state agencies	Spring 2023

Explore alternative payment methodologies	Stakeholder engagement through July 2023
Launch a comprehensive budget and planning process	Spring 2024
Define and implement a Quality Framework	December 2024

Workforce and Support	
Key Strategy	Timeline
Reduce administrative burden for providers	Ongoing
Address regulatory, policy, and procedural barriers at various stages of an individual’s career path	Ongoing
Explore the feasibility of processes and policies that could ease supervision and licensing barriers	Ongoing
Streamline data collection requirements for providers	Ongoing
Implement a peer support professional strategy	Develop a strategy to increase the peer support workforce and launch grant program, January 2023
Launch the pipeline development grant program	Launch grant program, June 2023
Launch a behavioral health learning hub	Launch, late 2023
Implement behavioral health aide program	Launch program, July 2024

Accountability	
Key Strategy	Timeline
Collaborate with CDPHE on key prevention initiatives	Ongoing
Actively participate in CDPHE’s Suicide Prevention Commission and collaborate with CDPHE and other partners to implement Commission recommendations	Ongoing
Identify and pay for equitable approaches to care	Ongoing
Contribute to the Governor’s goal of reducing unhoused persons	Ongoing
Hold a formal consultation and collaborate on Tribal community-led projects	Topic-specific consultation, February 2023 Ongoing
Develop a Child, Youth and Family system of care for Colorado: Elevate and focus on child, youth, and family-specific needs A clear front door for children, youth, and families to find and engage in services and supports for whole-person care Strategic investments in early childhood and prevention services and supports, pregnant and parenting people, and infant mental health Expand and fund High Fidelity Wraparound, per House Bill 22-1278 Co-create standards of care specific to children, youth, and families to ensure high-quality services Expand high-quality learning courses through the behavioral health learning hub for the CYF behavioral health and peer support workforce	June 2023 December 2023 July 2024 July 2024 July 2023 December 2023

Develop a single financial payment system	Launch, July 2023
Develop a Behavioral Health Analytics, Epidemiology, and Evaluation (BHAEE) team within the BHA	October 2023
Stand up regional subcommittees of the BHA Advisory Council	July 2024

Lived Experience and Local Guidance	
Key Strategy	Timeline
Collaborate with communities to refine the community assessment toolkit and identify strengths, gaps, and co-created solutions	Ongoing
Ensure that advisory boards and subcommittees have equitable Tribal inclusion	Ongoing
Seek diverse input through regular meetings with the BHA’s Advisory Council	Ongoing
Leverage existing behavioral health advisory groups for valuable input	Ongoing
Support communities in accessing historic levels of behavioral health funding through BHA grant programs	Ongoing
Collaborate with CDPHE to support and expand the School Based Health Center (SBHC) model	Ongoing
Leverage opportunities to improve reimbursement for integrated physical and behavioral health services	Revised rule effective, July 2023 Ongoing
Use the newly created grievance process to evaluate challenges and gaps in care, across payer and provider types	July 2024

Whole Person Care	
Key Strategy	Timeline
Release digital products to support care coordination communication across providers and partners	Ongoing
Partner to strengthen services for children and youth with high acuity behavioral health needs	Ongoing
Develop integrated care models for people with intellectual and developmental disabilities	Ongoing
Develop and launch training on changes to state statute around emergency mental health holds	July 2023 Ongoing
Implementation of Referral Tool to facilitate the seamless transition of care	Discovery phase, late 2023 Implementation, 2025
Expand substance use residential treatment options for children, youth and families	June 2023
Build, expand, and strengthen statewide care coordination infrastructure	July 2024
Develop intentional education opportunities for partners and allied health roles	July 2024
Support the creation of Mental Health Transitional Living Homes	100% operational, Summer 2024
Support OCFMH in designing and standing up a new neuropsychiatric facility for children and youth with complex behavioral health needs	Opening, January 2025
Expand community-based crisis response services for pregnant and parenting people, children, youth and families	December 2025

GLOSSARY OF TERMS

Behavioral health: Refers to an individual’s mental and emotional well-being and actions that affect an individual’s overall wellness. Behavioral health issues and disorders include substance use disorders, mental health disorders, serious psychological distress, serious mental disturbance, and suicide and range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases. “Behavioral health” also describes service systems that encompass promotion of emotional health and prevention and treatment services for mental health disorders and substance use disorders.

BIPOC: A term referring to “Black and/or Indigenous People of Color.” While “POC” or People of Color is often used as well, BIPOC explicitly leads with Black and Indigenous identities, which helps to counter anti-Black racism and invisibilization of Native communities.⁵

Co-creation: The practice of addressing cultural and organizational changes from a bottom-up, instead of a top-down, approach in which citizens or end-users become actors in a development process.⁹

Culturally and Linguistically Responsive: Providing culturally and linguistically responsive services is one strategy to help eliminate health inequities. By tailoring services to an individual’s culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.¹⁰

Diversity: The practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.

Equitable Access: The right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, disability, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

Equity: Ensures that outcomes in the conditions of well-being are improved for marginalized groups, lifting outcomes for all. Equity is a measure of justice.

Inclusion: The act or practice of including and accommodating people who have historically been excluded (because of their race, ethnicity, gender, socioeconomic status, sexual orientation, disability, or geographical location).

Health Inequities: Health differences that are avoidable, unnecessary, unfair, and unjust.¹¹

Medication Assisted Treatment (MAT) services: The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.¹²

“No Wrong Door” Approach: Creating a system of care for the people of Colorado in which they can get the help they need regardless of which service or agency they connect with first (which door they enter).

Priority populations: As defined by legislation (HB22-1278): People who are (i) uninsured, underinsured, medicaid-eligible, publicly insured, or whose income is below thresholds established by the BHA; and (ii) presenting with acute or chronic behavioral health needs, including but not limited to individuals who have been determined incompetent to stand trial, adults with serious mental illness, and children and youth with serious emotional disturbance. (b) the BHA shall further identify underserved populations for specific prioritization on a regional or statewide basis based on health equity data, including but not limited to people experiencing or at risk of homelessness; children and youth at risk of out-of-home placement and their parents; people involved with the criminal or juvenile justice system; people of color; American Indians; Alaska Natives; veterans; people who are pregnant; people who are lesbian, gay, bisexual, transgender, or queer or questioning; and individuals with disabilities as defined by the federal “Americans with Disabilities Act of 1990”, 42 u.s.c. sec. 12101 et seq., as amended.

Racism: A system of structuring opportunity and assigning value based on the social interpretation of how one looks (what we call “race”) that unfairly advantages or disadvantages some individuals or communities. Racism is pervasive because it is enacted on multiple levels simultaneously: institutional, cultural, interpersonal and individual levels.^{13,14}

Safety Net: Mental health and/or substance use services that are funded by public dollars.

Social Determinants of Health: Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.¹⁵

Social Identity: An individual’s social identity indicates who they are in terms of the groups to which they belong. Social identity groups are usually defined by some physical, social, and mental characteristics of individuals. Examples

of social identities are race/ethnicity, gender, gender identity, social class/ socioeconomic status, sexual orientation, (dis)abilities, and religion/religious beliefs. These groups can be divided further into dominant culture groups and subordinate or marginalized cultural groups.

Trauma-Informed (care) (TIC): A trauma-informed youth, family, and adult service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including youth and adults, caregivers, informal supports, family members, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the youth, adult, and/or family, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the youth, adult, and/or family, and support their ability to thrive (adapted from the National Child Traumatic Stress Network).

Whole Person Health: Whole person health involves looking at the whole person—not just separate organs or body systems—and considering multiple factors that promote either health or disease. It means helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas. Instead of treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.¹⁶

ACRONYMS

In Dr. Medlock’s signature:

MD: Doctor of Medicine

MDiv: Master of Divinity

MPH: Master of Public Health

In document:

ARPA: American Rescue Plan Act

ASO: Administrative Service Organization

BHA: Behavioral Health Administration

BHAAC: Behavioral Health Administration Advisory Council

BHAEE: Behavioral Health Analytics, Epidemiology, and Evaluation

BHPAC: Behavioral Health Planning & Advisory Council

BHE: Behavioral Health Entity

BH JIC: Behavioral Health Joint Information Center

BHASO: Behavioral Health Administrative Service Organization

BHTF: Behavioral Health Task Force

BIPOC: Black, Indigenous, and People of Color

CCBHC: Certified Community Behavioral Health Clinic

CCIA: Colorado Commission of Indian Affairs

CDA: Colorado Department of Agriculture

CDE: Colorado Department of Education

CDEC: Colorado Department of Early Childhood

CDHE: Colorado Department of Higher Education

CDPHE: Colorado Department of Public Health and Environment

CDHS: Colorado Department of Human Services

CDLE: Colorado Department of Labor and Employment

CMHC: Community Mental Health Centers

CRT: Crisis Resolution Team

CYF: Children, Youth, and Families

DOLA: Colorado Department of Local Affairs

DORA: Colorado Department of Regulatory Agencies

FAD: Formal Agreement Documents

FRC: Family Resource Center

HCPF: Colorado Department of Health Care Policy & Financing

IDD: Intellectual and developmental disabilities

IT: Information Technology

IPS: Individual Placement and Support

LGBTQIA2S+: Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual, two-spirit and the plus sign represents the fact that many communities choose to expand the acronym to include other identities.^{17,18,19}

MAT: Medication Assisted Treatment

MCR: Mobile Crisis Response

MOUD: Medications for Opioid Use Disorder

MSO: Managed Service Organization

OCFMH: Office of Civil and Forensic Mental Health

OeHI: Colorado Office of eHealth Innovation

OSP: Office of Suicide Prevention

OTP: Opioid Treatment Program

Project AWARE: Advancing Wellness and Resiliency in Education

RAE: Regional Accountable Entities

S-HIE: Social-health information exchange

SBHC: School Based Health Center

SDOH: Social Determinants of Health

SMI: Serious Mental Illness

TIC: Trauma Informed Care

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