Schedule 13

Funding Request for the FY 2022-23 Budget Cycle

Health Care Policy and Financing

Request Title

BA-08 Behavioral Health Administration

Dept. Approval By: 

OSPB Approval By: Meredith Moon

	Supplemental FY FY 2021-22
X	**Budget Amendment FY FY 2022-23**

Summary Information	**Fund**	**FY 2021-22**		**FY 2022-23**		**FY 2023-24**
		Initial Appropriation	**Supplemental Request**	**Base Request**	**Budget Amendment**	**Continuation Request**
Total of All Line Items Impacted by Change Request	**Total**	**$63,683,589**	**$0**	**$67,024,996**	**$638,727**	**$626,392**
	FTE	560.9	0.0	564.4	4.8	5.0
	GF	$24,874,778	$0	$26,710,642	$319,365	$313,198
	CF	$5,815,739	$0	$5,758,221	$0	$0
	RF	$2,181,331	$0	$2,115,677	$0	$0
	FF	$30,811,741	$0	$32,440,456	$319,362	$313,194

Line Item Information	Fund	FY 2021-22 Initial Appropriation	FY 2021-22 Supplemental Request	FY 2022-23 Base Request	FY 2022-23 Budget Amendment	FY 2023-24 Continuation Request
01. Executive Director's Office - Personal Services						
	Total	**$46,430,090**	**$0**	**$48,168,150**	**$474,767**	**$493,779**
	FTE	560.9	0.0	564.4	4.8	5.0
	GF	$17,965,940	$0	$18,939,543	$237,384	$246,890
	CF	$4,404,610	$0	$4,386,646	$0	$0
	RF	$1,892,340	$0	$1,835,729	$0	$0
	FF	$22,167,200	$0	$23,006,232	$237,383	$246,889
01. Executive Director's Office - Health, Life, and Dental						
	Total	**$6,863,806**	**$0**	**$8,102,805**	**$48,276**	**$50,210**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,642,297	$0	$3,338,890	$24,138	$25,105
	CF	$556,742	$0	$563,126	$0	$0
	RF	$166,554	$0	$165,482	$0	$0
	FF	$3,498,213	$0	$4,035,307	$24,138	$25,105
01. Executive Director's Office - Short-term Disability						
	Total	**$102,458**	**$0**	**$84,601**	**$676**	**$703**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$50,803	$0	$34,144	$338	$352
	CF	$9,763	$0	$5,638	$0	$0
	RF	$3,300	$0	$1,593	$0	$0
	FF	$38,592	$0	$43,226	$338	$351
01. Executive Director's Office - Amortization Equalization Disbursement						
	Total	**$2,360,586**	**$0**	**$2,644,871**	**$21,129**	**$21,975**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$924,349	$0	$1,067,047	$10,565	$10,988
	CF	$177,353	$0	$177,169	$0	$0
	RF	$52,920	$0	$49,788	$0	$0
	FF	$1,205,964	$0	$1,350,867	$10,564	$10,987
01. Executive Director's Office - Supplemental Amortization Equalization Disbursement						
	Total	**$2,360,586**	**$0**	**$2,644,871**	**$21,129**	**$21,975**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$924,349	$0	$1,067,047	$10,565	$10,988
	CF	$177,353	$0	$177,169	$0	$0
	RF	$52,920	$0	$49,788	$0	$0
	FF	$1,205,964	$0	$1,350,867	$10,564	$10,987
01. Executive Director's Office - Operating Expenses						
	Total	**$2,775,315**	**$0**	**$2,432,567**	**$39,750**	**$4,750**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,209,995	$0	$1,035,087	$19,875	$2,375
	CF	$251,588	$0	$212,239	$0	$0

Line Item Information	Fund	FY 2021-22 Initial Appropriation	FY 2021-22 Supplemental Request	FY 2022-23 Base Request	FY 2022-23 Budget Amendment	FY 2023-24 Continuation Request
	RF	$13,297	$0	$13,297	$0	$0
	FF	$1,300,435	$0	$1,171,944	$19,875	$2,375
01. Executive Director's Office - Leased Space						
	Total	**$2,790,748**	**$0**	**$2,947,131**	**$33,000**	**$33,000**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,157,045	$0	$1,228,884	$16,500	$16,500
	CF	$238,330	$0	$236,234	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$1,395,373	$0	$1,482,013	$16,500	$16,500

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Health Care Policy and Financing Prioritized Request	**Interagency Approval or Related Schedule 13s:**	None

Department Priority: BA-08
Request Detail: Behavioral Health Administration

Summary of Funding Change for FY 2022-23			
		Incremental Change	
	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2023-24 Request
Total Funds	$63,683,589	$638,727	$626,392
FTE	560.9	4.8	5.0
General Fund	$24,874,778	$319,365	$313,198
Cash Funds	$5,815,739	$0	$0
Reappropriated Funds	$2,181,331	$0	$0
Federal Funds	$30,811,741	$319,362	$313,194

Summary of Request

The Department of Health Care Policy and Financing (HCPF, the department) requests 5.0 FTE for the implementation of the Behavioral Health Administration (BHA). This implementation is the next stage of a multi-year behavioral health system reform effort led by Governor Polis and the Department of Human Services (CDHS). The BHA will provide cross-system, cross-sector oversight and support of the state's behavioral health system. The BHA will bring new functionality to the administration of behavioral health in the state. In addition to functionality such as consumer navigation supports, cross-sector policy alignment, and analytics, the BHA brings improved system transparency and accountability through an innovative governance structure that brings consumers and local entities to the forefront of state policy making.

As the single largest purchaser of behavioral health services, the department will be required to provide a variety of supports to the BHA including policy expertise, data warehousing, technical financial analysis, and health administration including capitation rate setting, policy and data analysis, payment reform, and Regional Accountable Entity contracting. Because the success of the BHA hinges on the need for synergy between HCPF, CDHS, and the BHA, HCPF has submitted this companion request to CDHS's Behavioral Health Authority. This request represents an increase of less than 0.5% from the department's FY 2020-21 Long Bill total funds appropriation.

Current Program

The public administration of Colorado's behavioral health system is complex. With over $1.5 billion in annual public expenditures statewide, each agency has a unique role related to the behavioral health system. With a central regulatory and administrative role, the Office of Behavioral Health in the Department of Human Services (CDHS) runs the two state mental health hospitals, purchases prevention and treatment services, and regulates the public behavioral health system. The primary purchaser of publicly funded behavioral health services in the state is the Department of Health Care Policy and Financing (HCPF, the Department) with nearly 60% of total public expenditures flowing through the Medicaid program. The Department of Public Health and Environment (CDPHE) supports multiple prevention programs and houses the Office of Suicide Prevention. The Judicial branch, Department of Corrections (DOC), and Department of Public Safety (CDPS) all intersect with the behavioral health system as well, serving as a purchaser and provider of behavioral health service for the criminal justice involved population.

Nearly every agency in the state has some connection to the behavioral health system; however, there is no single entity with accountability for the entire system or to drive interagency connectivity and coordination. Behavioral health conditions affect a substantial number of people in the U.S. and are especially common among people with low incomes.[1] [2] [3] Because Medicaid is the primary source of health insurance coverage for low-income Coloradans, the department plays a key role in financing covered services within the existing behavioral health system.

The department is a committed partner in the effort to implement the BHA. Like CDHS, the department plays a pivotal role in the existing behavioral health safety net system and will play a significant role in the implementation of the new system. In FY 2021-22, the department is appropriated $998.7 million to provide behavioral health and substance use disorder care through the services of regional accountable entities (RAEs), which manage behavioral health services for eligible Medicaid clients in a capitated, risk-based model. For context, in the current fiscal year, the Office of Behavioral Health (OBH) within CDHS is appropriated $405.7 million[4] to fund community-based prevention, treatment, and recovery support for people with low incomes who

[1] Committee to Evaluate the Supplemental Security Income Disability Program for Children with Mental Disorders; Board on the Health of Select Populations; Board on Children, Youth, and Families; Institute of Medicine; Division of Behavioral and Social Sciences and Education; The National Academies of Sciences, Engineering, and Medicine, *Mental Disorders and Disabilities Among Low-Income Children*, ed. Boat TF and Wu JT, (Washington, DC: National Academies Press (US); October 2015), http://www.ncbi.nlm.nih.gov/pubmed/26632628.

[2] Jitender Sareen, et al., "Relationship Between Household Income and Mental Disorders: Findings From a Population-Based Longitudinal Study," *Archives of General Psychiatry,* 68, 4(2011):419-27.

[3] Bridget F. Grant, et al., "Epidemiology of DSM-5 Alcohol Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions III," *JAMA Psychiatry,* 72, 8(2015):757-66.

[4] http://coga.prod.acquia-sites.com/sites/default/files/21lbnarrative.pdf

are not eligible for Medicaid, as well as services for Medicaid members which are not allowable expenses under Medicaid.

The department sets behavioral health capitation payments to Regional Accountable Entities (RAEs) on behalf of Health Fist Colorado members. This appropriation also provides a small amount of fee-for-service funding for a limited set of behavioral health services not covered in the capitation rate and as well as some additional minor allowances for individuals eligible for both Medicaid and Medicare. The department is also the primary public purchaser of prescription drug therapies used to treat behavioral health disorders.

Problem or Opportunity

With approximately one million people in Colorado in need of behavioral health services, Governor Polis created the Behavioral Health Task Force (Task Force) in 2019 to design a behavioral health system that puts people first. The Task Force and its subcommittees met from July 2019 to August 2020 with the goal of creating a plan to transform Colorado's behavioral health system. Concurrent with the work of the Task Force, CDHS procured a contractor to perform a statewide behavioral health needs assessment. These efforts revealed strong consensus that Colorado's behavioral health system works for some people, but not all. Many Coloradans reported they are not able to access timely care because the services they need are not available in their communities, wait times are too long, or providers can't accommodate their disabilities. Colorado's behavioral health system is fragmented and lacks a cross-payer long-term shared vision. Statewide workforce issues exist and are most prominent in rural and frontier areas. Providers experience significant administrative burdens that are barriers to innovation and quality of services.

During their thirteen months of convening, the Task Force heard from hundreds of Coloradans and identified almost 150 recommendations to reform the state's system. Those recommendations fell into six pillars, and within them, the Task Force prioritized nineteen actionable recommendations that represent the foundation for a strong behavioral health system. These six pillars are:

ACCESS - All Coloradans need access to a continuum of behavioral health services and to be connected to those services when they need them.

AFFORDABILITY - Care can be affordable when people get the care they need to stay healthy, administrative efficiencies are captured, and payment models incentivize positive outcomes.

WORKFORCE & SUPPORT - A high-quality, trained, resourced, culturally responsive and diverse behavioral health professional workforce is needed in Colorado to deliver improved health and access.

ACCOUNTABILITY - Collaboration across stakeholders needs to take place to ensure that Coloradans are receiving the quality care they need.

CONSUMER & LOCAL GUIDANCE - Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

WHOLE PERSON CARE - Coloradans are best served when their social determinants of health (e.g., secure housing, access to healthy food, secure employment, etc.) are adequately addressed.

The Task Force voted unanimously to prioritize the establishment of a Behavioral Health Administration (BHA) to be the cornerstone for reform efforts in the state by leading and promoting the state's behavioral health priorities and agenda.

The department's role in supporting and aligning with the BHA will evolve throughout the implementation of the new agency. To meet the challenges and opportunities of that evolution, additional resources are required. The department's current staffing pattern, devoted

exclusively to the statewide administration of behavioral health care services through Medicaid, is limited to five permanent FTE, three of which work closely with RAEs via the Accountable Care Collaborative (ACC), and two of which provide technical expertise in establishing capitated behavioral health payment rates.

In order for the BHA to be fully implemented, the current department staffing pattern must be sufficient to meet the additional rate setting, policy analysis, data analysis, research, writing, coordination, plan design, and administrative requirements.

Lack of service integration was identified in the OBH 2020 Statewide Behavioral Health Needs Assessment[5] as a key concern to be addressed by the BHA. The use of integrated behavioral health services in medical care, especially primary care, is particularly important in the general population with mild to moderate behavioral health conditions. In Medicaid, the ACC Phase II brought about structural changes aimed at better integration of primary and behavioral health services. However, stakeholders and data suggest that access to behavioral health in primary care settings is still lagging.[6] In 2017, only approximately 30,000 of Health First Colorado's 1.56 million members accessed behavioral health care in the primary care setting (as measured by billing of the six visit codes).[7] For individuals who received any health care services through their benefit with Health First Colorado in FY 2018-19, 10.0% received at least one mental health service. This increases to 51.3% among members with a mental health diagnosis. Almost 3% received at least one SUD service. This increases to 24.6% among members with a substance use diagnosis.

The ACC Phase II places a strong emphasis on physical and behavioral health integration. The structural change that occurred in the transition from ACC Phase I to ACC Phase II introduced RAEs as the single entity which combine primary and behavioral health care administration. In order to realize meaningful, ongoing improvements in service integration, the department is the only entity capable of bridging the gap between the systemwide reforms of the BHA and the existing RAE-based service delivery system for Medicaid members. Department staffing patterns are only sufficient to ensure basic minimum contractual compliance. The RAEs are a critical component of the current, fragmented behavioral health landscape, and will play a vital role in realizing BHA-led reforms at the local and regional levels. In order to pull together the current fragmented system, additional resources are required.

[5] https://drive.google.com/file/d/1lln7LrH8f7vaYy7DVh53PkxaN4Zb9LlB/view

[6] https://drive.google.com/file/d/1lln7LrH8f7vaYy7DVh53PkxaN4Zb9LlB/view

[7] As of July 1, 2018, HCPF increased access to short-term behavioral health care within primary care. Primary care medical providers may be reimbursed for up to six visits per state fiscal year for seven specific procedure codes (90791, 90792, 90832, 907834, 90837, 90846, 90847).

Proposed Solution

The department requests an increase of $638,727 total funds, including an increase $319,365 General Fund and an increase of 4.8 FTE in FY 2022-23; and, an increase of $626,392 total funds, including an increase of $313,198 General Fund, and an increase of 5.0 FTE in FY 2023-24 to implement and support behavioral health system reforms as defined by the BHA. This request to add dedicated FTE would provide for the following activities: integrating and aligning statewide behavioral health reform efforts; ensuring state level policy changes do not conflict with federal regulations that could jeopardize federal financial participation; providing leadership and long-term strategy to the behavioral health reform efforts within the department and across the statewide system and allowing for a shared governance model to be formed; executing interagency agreements to formalize cross-agency collaboration and responsibilities; synthesizing new and existing department data to better inform data-driven policy interventions; ensuring that cross-agency data warehousing and sharing is available and secure, and incorporating behavioral health reforms into the capitated behavioral health payment rate. The additional resources would also allow the department to strategically design and implement the ACC Phase III in a way that prioritizes the need for greater alignment between Medicaid and the Behavioral Health Administration.

The department requests 5.0 FTE to make its staffing pattern sufficient to meet the additional rate setting, policy analysis, data analysis, research, writing, coordination, plan design, and administrative requirements, as follows.

Behavioral Health Programs Specialist

The department requests 1.0 FTE to strategically manage the department's ongoing effort to develop and coordinate health policy operations, ACC contracting, outcome tracking and planning, as well as incentive payments related to behavioral health reforms. This work would ensure that BHA-led reforms are being effectively integrated into RAE contracts and that behavioral health incentive payments and key performance indicators are effectively utilized to drive RAE performance. Because RAEs are the primary administrators of the state's behavioral health benefit, this position would play an essential role in establishing the alignment and integration of BHA-led reforms within the RAE network. To achieve a high degree of alignment and integration, this position would be responsible for overseeing the daily operations of the work unit associated with behavioral health and would provide strategic leadership as the BHA-led reforms are implemented. This position would also be responsible for supervising four existing temporary program staff, who would be collectively responsible for coordinating the alignment of all behavioral health data and claims processing across both CDHS and the department. This would require the establishment of provider and member process mapping to strategically align data and claims processing across multi-departmental data systems and financial systems. This position would also direct staff on the design and implementation of appropriate state policy

changes as required by BHA-led reforms. This would include billing manual updates, policy guidance, and regulatory impact assessment.

Child and Youth Behavioral Health Policy Specialist
The department requests 1.0 FTE to serve as a subject matter expert for child and youth behavioral health policy. This position would be responsible for assessing federal approvals and state policies related to child and youth behavioral health, and for supporting operational, contract, and payment reform changes within the Accountable Care Collaborative as directed by BHA-led system reforms. This position would be responsible for leading a team of analysts, with the collective responsibility of aligning and coordinating the various child and youth behavioral health reform efforts already underway, while also incorporating the significant reforms that are anticipated from the BHA. This request is based on a direct recommendation of the Child and Family Subcommittee, convened as part of the BHA development process. Community stakeholders and subcommittee members identified a need for the department to take a leadership role in the development of policies and practices that acknowledge the critical differences in child and youth behavioral health care provision, relative to adult behavioral health care provision.

There is a well-known and documented gap in the state's ability to provide behavioral health care services to high-needs children and youths. In calendar years 2019 and 2020, 40 children had to be sent out of state to receive basic residential services. Multiple projects and distinct funding sources have been initiated to fill this outstanding need, however, for these efforts to be successful, strategic engagement and coordination are required. To achieve this, the department requires the strategic leadership of a child and youth behavioral health subject matter expert. The BHA taskforce has released recommendations to significantly reform both inpatient and outpatient treatment for children and youth. The Department has publicly committed to execute these reforms. In order to effectively do so, the department requires the expertise of an experienced program administrator with an understanding of the breadth and depth of system-level changes and the impact of those changes on the child and youth Medicaid population.

Regulatory and Compliance Specialist
The department requests 1.0 FTE to serve as a regulatory specialist, responsible for reviewing federal approvals and state-level policy changes to ensure that all BHA-led reforms are approved and in compliance with all relevant regulations. This position would be responsible for engaging with the federal Centers for Medicare and Medicaid Services (CMS) to address complex policy challenges, find solutions, and to ensure that federal financial participation is maximized. The responsibilities associated with this position are critical both internally and externally. Within the department, this position would work to ensure that BHA-led reforms are compliant with existing federal regulations and recommend changes to state-level policy accordingly. Externally, this position would work with stakeholders and across departments to transform BHA reform

goals into distinct, actionable processes. This would require creative solutions at both the policy and practical levels to interpret the goals into discrete action items. This position would also be responsible for reviewing all policy through an equity lens. This would require engaging with the department's Equity Diversity and Inclusion staff and building relationships with community partners from historically underserved populations. Ultimately, this position would be required to design and implement policies that acknowledge co-occurring conditions and ensure that whole-person care is realized such that physical and behavioral health needs are met. This would require the position to be heavily engaged with integrated care policies including building partnerships with residential facilities, RAEs, and primary care networks.

Rates Analyst

The department requests 1.0 FTE to analyze and model and implement behavioral health reforms impacts on capitated behavioral health payment rates. This position would work with an existing team of analysts to analyze behavioral health program objectives, financial data, and regulations. Specific responsibilities of this position would include coordinating with multiple departments to ensure that existing service coverage does not overlap or interfere with existing behavioral health capitation rate-setting methodology and systematizing payment mechanisms and service coverage across state departments and counties to determine if any duplicative elements exist. All BHA reforms will carry a significant volume of disparate data which will need to be unified and consolidated. Because the data will be received from various fragmented sources within the existing behavioral health system, there will be a significant burden associated with scrutinizing the accuracy of the data while also configuring the data to be usable for rate-setting purposes. This position would be expected to understand the connections between the various sources and the implications on rate-setting considerations. This level of discernment requires an experienced analyst with a substantial breadth and depth of knowledge, able to make decisions that will impact the statewide behavioral health capitation rate and ensure its ongoing actuarial soundness.

Behavioral Health Data and Research Analyst

The department requests 1.0 FTE to serve as the department's expert on behavioral health data collection, integration, and analysis with the goal of supporting the BHA in its duty to be accountable for behavioral health outcomes and quality improvement. This position would serve as a critical link in the data-sharing and cross-agency collaboration necessary for the success of the BHA. Every year, the department collects hundreds of millions of discrete data points directly relating to behavioral health. This position would use advanced programming techniques to design new metrics and isolate behavioral health specific data within the larger department data storage and collection systems. This position would be responsible for writing clear, well-documented code and designing methodology to ensure that new and existing program metrics are statistically sound. This position would also use Standard Query Language (SQL) and statistical software to extract and summarize data from multiple sources to complete requests from internal and external stakeholders. This would allow for the ongoing development of behavioral

health-focused dashboards with the ability to track utilization and other metrics for traditionally underserved populations. The position would be responsible for consolidating and coordinating behavioral health data, conducting quantitative and qualitative analysis to produce descriptive statistics and predictive analytics, and performing regression analysis when needed. The position would also be responsible for communicating these findings internally and externally via written reports and presentations.

Given the size and scope of the behavioral health data sets currently housed and collected, the department believes that valuable policy insights and intervention strategies would result from this intensive analysis. These insights would be critical in shaping future data collection strategies, as well as informing cross departmental decisions pertaining to behavioral health reforms. To accomplish this, the FTE would work closely with internal and external partners in the BHA and CDHS to provide data-informed recommendations, which would shape the behavioral health reform policies as those policies are developed.

Connection to Department Performance Plan and Consequences if not Funded

This request contributes directly to the Pillars in the Department's Performance Plan of Member Health, Care Access, and Operational Excellence. The resources requested drive compliant, efficient, effective business practices that are person- and family-centered. This would enable greater equity in health outcomes by improving members' access to behavioral health services and providers. The initiatives within the request also represent a direct implementation of the department's mission of improving equity, access and outcomes through continuous improvement, transparency, and accountability. This request is also directly aligned with the implementation of the Governor's Wildly Important Goal of improving all Coloradans' access to behavioral health care services and supports.

If this request is not approved, the department would be severely limited in its ability to respond to requests or implement reform recommendations from the BHA. This would significantly limit the impact of the reforms proposed by the BHA. If this request is not approved, reform recommendations from the BHA would be significantly delayed, unmet or occur at the direct expense of other critical program administration and compliance being neglected. Throughout the past two years of planning, the Behavioral Health Executive Committee and Task Force have publicly stated that without significant partnership and effort from the department, the investment and the effectiveness of the BHA would be limited, leaving many Coloradans without access to services and supports. If this request is not approved, the inability of the department to meaningfully engage would drive further fragmentation of the behavioral health system. The department would not be able to absorb the additional workload associated with the BHA reforms within existing resources. Many of the reforms that would be implemented by the BHA are system-level, process-based changes to existing practices, work patterns, and programs. Without additional resources, the department would be unable to adapt its programs and policies to align with the BHA.

Evidence-Based Continuum

The department believes that the Behavioral Health Administration has the potential to be on Step 3 of the OSPB Evidence-based continuum, "Assess Outputs." The BHA, with the help of the department and CDHS, will collect and evaluate data on whether the program objectives are being achieved, as measured by the accountability metrics defined by the BHA. The theory of change within the request posits that by allowing the department to be appropriately staffed, the behavioral health reforms defined by the BHA can be achieved, which will have a positive effect on the health outcomes experienced by both Health First Colorado members, and non-members with behavioral health needs. The outputs to be measured to gauge the success of this proposed intervention include the percentage of Coloradans who need but are not receiving behavioral health services will decline from 14 percent, and of those that are currently receiving unsatisfactory behavioral health services will realize greater benefit and value. The department believes the cost/benefit ratio of this proposed intervention to be budget negative; the resources required to appropriately staff the department to implement the BHA reforms are likely to avoid significant future costs by increasing outpatient services and other high-value low-cost claims, while simultaneously reducing the volume of high-cost inpatient services, as well as the unquantifiable cost of human suffering that results from untreated behavioral health conditions. To measure the impact of the BHA reform interventions, the department would collaborate with CDHS, the Office of State Planning and Budgeting, and the BHA to carry out the appropriate evaluation to compare the state's performance in meeting the reform goals of the BHA.

Theory of Change	More Coloradans will receive the care they need if the behavioral health system and the Department are appropriately staffed and funded as outlined in this request, the CDHS Blueprint for is properly funded as outlined in the Blueprint and Needs Assessment, and S.B. 19-222 Implementation Report.		
Program Objective	To improve access and integration of behavioral health services statewide		
Outputs Being Measured	Accountability metrics are still being finalized by the BHA		
Outcomes Being Measured	Accountability metrics are still being finalized by the BHA		
Cost/Benefit Ratio	The cost of the status quo will likely be higher than the cost of this budget request. This high cost will most likely be expressed as increases to high-cost health care service utilization such as inpatient services.		
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial
Potential Evaluation	n/a	n/a	n/a
Continuum Level	Step 3		

Anticipated Outcomes

With the additional requested staff, the department believes the BHA-led behavioral health reforms would be achieved thereby meeting the Governor's goal of improving the behavioral health safety net system in Colorado. The department is a committed partner in achieving these reforms and seeks to take action in pursuit of these goals by hiring dedicated staff to work in cross-agency collaboration to realize integration of services and improvements to the process and outcomes of behavioral health care in the state. With the additional requested staff, the department would also continue to work internally and with the RAEs to expand their behavioral health provider networks and to monitor contract compliance to ensure that key behavioral health objectives are being met. This request for additional staffing resources would also allow the department to focus targeted efforts on behavioral health data collection and analysis, providing data-informed policy intervention strategies, ensuring that state policy reforms are aligned with federal regulations, effectively utilizing capitated behavioral health care payment rates to ensure and incentivize high-quality cost-effective behavioral health treatments and services for members.

This request would also improve data integrity by allowing for strategic and meaningful analytical interaction with existing datasets, dashboards, and systems. With additional staffing resources, the department would have the ability to more accurately identify behavioral health care service utilization patterns, purposeful policy interventions, and opportunities for efficiencies and savings. This request would also further improve the department's ability to work with the RAEs to continue to integrate physical and behavioral health services, which would lead to cost efficiencies by increasing utilization of low-cost, short term behavioral health services, while reducing long-term, high cost inpatient services. This request would also empower the department to ensure that behavioral health capitation rates are appropriately set to reflect the costs and services resulting from BHA-led behavioral health system reforms.

Assumptions and Calculations

Where applicable, notable assumptions and sources have been footnoted. Detailed calculations used to determine the fiscal impact for each initiative are included in the appendix.

Supplemental, 1331 Supplemental or Budget Amendment Criteria

New data has become available since the November 1 budget request submission. Specifically, the contractor has submitted the BHA implementation recommendation report on November 1 in accordance with the November 1 statutory deadline established by HB 21-1097.

Table 1.1
Summary by Line Item
FY 2022-23

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration, Personal Services	$474,767	4.8	$237,384	$0	$0	$237,383	50.00%	Assumed federal match rate
B	(1) Executive Director's Office; (A) General Administration, HLD	$48,276	0.0	$24,138	$0	$0	$24,138	50.00%	Assumed federal match rate
C	(1) Executive Director's Office; (A) General Administration, STD	$676	0.0	$338	$0	$0	$338	50.00%	Assumed federal match rate
D	(1) Executive Director's Office; (A) General Administration, AED	$21,129	0.0	$10,565	$0	$0	$10,564	50.00%	Assumed federal match rate
E	(1) Executive Director's Office; (A) General Administration, SAED	$21,129	0.0	$10,565	$0	$0	$10,564	50.00%	Assumed federal match rate
F	(1) Executive Director's Office; (A) General Administration, Operating Expenses	$39,750	0.0	$19,875	$0	$0	$19,875	50.00%	Assumed federal match rate
G	(1) Executive Director's Office; (A) General Administration, Leased Space	$33,000	0.0	$16,500	$0	$0	$16,500	50.00%	Assumed federal match rate
H	**Total Request**	**$638,727**	**4.8**	**$319,365**	**$0**	**$0**	**$319,362**		Sum of Rows A thru G

Table 1.2
Summary by Line Item
FY 2023-24

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration, Personal Services	$493,779	5.0	$246,890	$0	$0	$246,889	50.00%	Assumed federal match rate
B	(1) Executive Director's Office; (A) General Administration, HLD	$50,210	0.0	$25,105	$0	$0	$25,105	50.00%	Assumed federal match rate
C	(1) Executive Director's Office; (A) General Administration, STD	$703	0.0	$352	$0	$0	$351	50.00%	Assumed federal match rate
D	(1) Executive Director's Office; (A) General Administration, AED	$21,975	0.0	$10,988	$0	$0	$10,987	50.00%	Assumed federal match rate
E	(1) Executive Director's Office; (A) General Administration, SAED	$21,975	0.0	$10,988	$0	$0	$10,987	50.00%	Assumed federal match rate
F	(1) Executive Director's Office; (A) General Administration, Operating Expenses	$4,750	0.0	$2,375	$0	$0	$2,375	50.00%	Assumed federal match rate
G	(1) Executive Director's Office; (A) General Administration, Leased Space	$33,000	0.0	$16,500	$0	$0	$16,500	50.00%	Assumed federal match rate
H	**Total Request**	**$626,392**	**5.0**	**$313,198**	**$0**	**$0**	**$313,194**		Sum of Rows A thru G

Table 1.3
Summary by Line Item
FY 2024-25 and Ongoing

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration, Personal Services	$493,779	5.0	$246,890	$0	$0	$246,889	50.00%	Assumed federal match rate
B	(1) Executive Director's Office; (A) General Administration, HLD	$50,210	0.0	$25,105	$0	$0	$25,105	50.00%	Assumed federal match rate
C	(1) Executive Director's Office; (A) General Administration, STD	$703	0.0	$352	$0	$0	$351	50.00%	Assumed federal match rate
D	(1) Executive Director's Office; (A) General Administration, AED	$21,975	0.0	$10,988	$0	$0	$10,987	50.00%	Assumed federal match rate
E	(1) Executive Director's Office; (A) General Administration, SAED	$21,975	0.0	$10,988	$0	$0	$10,987	50.00%	Assumed federal match rate
F	(1) Executive Director's Office; (A) General Administration, Operating Expenses	$4,750	0.0	$2,375	$0	$0	$2,375	50.00%	Assumed federal match rate
G	(1) Executive Director's Office; (A) General Administration, Leased Space	$33,000	0.0	$16,500	$0	$0	$16,500	50.00%	Assumed federal match rate
H	**Total Request**	**$626,392**	**5.0**	**$313,198**	**$0**	**$0**	**$313,194**		Sum of Rows A thru G

Table 2.1
Summary by Initiative
FY 2022-23

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Administrative Resources - FTE	$638,727	4.8	$319,365	$0	$0	$319,362	50.00%	Assumed federal match rate
B	**Total Request**	**$638,727**	**4.8**	**$319,365**	**$0**	**$0**	**$319,362**		

Table 2.2
Summary by Initiative
FY 2023-24

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Administrative Resources- FTE	$626,392	5.0	$313,198	$0	$0	$313,194	50.00%	Assumed federal match rate
B	**Total Request**	**$626,392**	**5.0**	**$313,198**	**$0**	**$0**	**$313,194**		

Table 2.3
Summary by Initiative
FY 2024-25 and Ongoing

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Administrative Resources- FTE	$626,392	5.0	$313,198	$0	$0	$313,194	50.00%	Assumed federal match rate
B	**Total Request**	**$626,392**	**5.0**	**$313,198**	**$0**	**$0**	**$313,194**		

Table 3
FTE Calculations

Personal Services							
Position Classification	**FTE**	**Start Month**	**State Fund Source**	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**	**Notes**
RATE/FINANCIAL ANLYST V	1.0	July	General Fund	$101,046	$105,092	$105,092	Rates Analyst
STATISTICAL ANALYST IV	1.0	July	General Fund	$83,585	$86,932	$86,932	Data and Research Analyst
PROGRAM MANAGEMENT III	2.0	July	General Fund	$202,092	$210,185	$210,185	Program Specialist; Child and Youth Policy Specialist
ANALYST V	1.0	July	General Fund	$88,044	$91,570	$91,570	Regulatory and Compliance Specialist
Total Personal Services (Salary, PERA, Medicare)	**5.0**			**$474,767**	**$493,779**	**$493,779**	

Centrally Appropriated Costs							
Cost Center	**FTE Year 1**	**FTE Year 2+**	**Cost or Percentage**	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**	**Notes**
Health, Life, Dental	5.0	5.0	$10,042	$48,276	$50,210	$50,210	
Short-Term Disability	-	-	0.16%	$676	$703	$703	
Amortization Equalization Disbursement	-	-	5.00%	$21,129	$21,975	$21,975	
Supplemental Amortization Equalization Disbursement	-	-	5.00%	$21,129	$21,975	$21,975	
Centrally Appropriated Costs Total				**$91,210**	**$94,863**	**$94,863**	

Operating Expenses							
Ongoing Costs	**FTE Year 1**	**FTE Year 2+**	**Cost**	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**	**Notes**
Supplies	5.0	5.0	$500	$2,500	$2,500	$2,500	
Telephone	5.0	5.0	$450	$2,250	$2,250	$2,250	
Other	5.0	5.0	$0	$0	$0	$0	
Subtotal				*$4,750*	*$4,750*	*$4,750*	
One-Time Costs (Capital Outlay)	**FTE**		**Cost**	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**	**Notes**
Furniture	5.0		$5,000	$25,000	$0	$0	
Computer	5.0		$2,000	$10,000	$0	$0	
Other	5.0		$0	$0	$0	$0	
Subtotal				*$35,000*	*$0*	*$0*	
Total Operating				**$39,750**	**$4,750**	**$4,750**	

Leased Space							
	FTE Year 1	**FTE Year 2+**	**Cost**	**FY 2022-23**	**FY 2023-24**	**FY 2024-25**	**Notes**
Leased Space	5.0	5.0	$6,600	**$33,000**	**$33,000**	**$33,000**	