



Colorado System of Care Provider Fact Sheet

Fact Sheet - September 2025

Background

In February 2024, the Colorado Department of Health Care Policy and Financing (HCPF) entered into a Settlement Agreement (Agreement) with the Center for Legal Advocacy, d/b/a Disability Law Colorado, and three children and youth with complex behavioral health needs (Plaintiffs) who filed a class action lawsuit on behalf of similarly situated Medicaid-eligible children and youth.

HCPF facilitated robust stakeholdering in the summer and fall of 2024 and in collaboration with stakeholders and key partners, developed and published the [Implementation Plan](#) for the Colorado System of Care (CO-SOC) in May 2025. The Implementation Plan includes evidence-based intensive in-home and community-based mental health services, intensive care coordination, mobile crisis intervention, and stabilization services for Medicaid-enrolled children and youth, and their families.

Key partners involved in CO-SOC include the Regional Accountable Entities (RAEs), the Colorado Department of Human Services (CDHS), the Behavioral Health Administration (BHA), members, individuals and families with lived experience, the Workforce Capacity Center (WCC), and county child welfare agencies. HCPF will work with CO-SOC partners through virtual and in-person meetings, advisory committee meetings, and collaborative ongoing development processes to ensure all Medicaid-enrolled children, youth, and families in Colorado have access to CO-SOC services by 2031.

Phased Rollout - Year One, State Fiscal Year 2025-26

Beginning July 1, 2025, year one of CO-SOC will focus on serving Medicaid members between the ages of 11 and 17 who are referred to their RAE and are nearing discharge from residential treatment settings or have an “Extended Stay” status per C.R.S. § 27-50-101(13.5), in a hospital setting. CO-SOC year one services include:

- Use of an Enhanced Standardized Assessment (ESA)
- Intensive care coordination through Enhanced High-Fidelity Wraparound (EHFW)
- Intensive home-based treatment through Enhanced Multisystemic Therapy (EMST) or Enhanced Functional Family Therapy (EFFT) models

During year one of CO-SOC, the RAEs will be allowed flexibility regarding other behavioral health capitated benefits in partnership with EHFW, while actively working with potential providers, the WCC, and HCPF to build out the CO-SOC network.

To create a robust CO-SOC, there is a critical need for a well-trained workforce to provide the required evidence-based services including EHFW, EMST, and EFFT models.

Intensive Care Coordination using Enhanced High Fidelity Wraparound

To implement intensive care coordination, HCPF has adopted the National Wraparound Implementation Center (NWIC) model for EHW training and fidelity guidelines. EHW is a youth and family-centered care model that coordinates services for children and adolescents with complex behavioral health needs.

By focusing on individualized care, HFW brings together family members, caregivers, service providers, and community members to develop a comprehensive treatment plan that is individualized and provides the needed services for the youth and family. This approach improved outcomes by offering customized support, reducing out-of-home placements, and enhancing overall wellbeing. Learn more on the [NWIC website](#).

Intensive Home-Based Treatment

Intensive Home-Based Treatment (IHBT) is a framework and set of practice standards for delivering intensive mental health services for children and youth with serious emotional disabilities and their families with an emphasis on family systems/supports. IHBT is provided in home, school and community settings where the youth live, with the goal of stabilizing mental health concerns, identifying educational needs and supports, and supporting youth to remain safely in the least restrictive, most normative environment. Multisystemic Therapy (MST) and Functional Family Therapy (FFT) are evidence-based treatment models implemented within the IHBT framework. The designation of “Enhanced” for MST and FFT under CO-SOC and the WCC reflects the commitment to fidelity and the additional intensity required to serve children and youth with the highest acuity needs.

Enhanced Multisystemic Therapy

EMST is an intensive, in-home treatment focusing on factors in an adolescent’s (ages 12 to 17) environment that contribute to their anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance. MST addresses gang involvement, runaway behaviors, heavy substance use, or those who are at risk for juvenile justice system involvement. More information can be found at the [MST Services website](#) and [Title IV-E Prevention Services](#).

Enhanced Functional Family Therapy

EFFT is a systematic, evidence-based, manual-driven, family-based treatment program used for a wide range of problems (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) affecting youth ages 11 to 18 and their families. More information can be found at the [FFT LLC website](#) and [Title IV-E Prevention Services](#).

Enhanced Standardized Assessment and Child and Adolescent Needs and Strengths Tool

The ESA is a comprehensive, clinical evaluation completed by a behavioral health provider to gather biological, psychological, and social factors that impact a young person’s thoughts, feelings, and behaviors. The ESA helps identify the underlying causes of the behaviors and symptoms a young person is experiencing and assists in determining appropriate treatment/service recommendations for children, youth, and families. The ESA includes a

thorough clinical narrative that informs the Child and Adolescent Needs and Strengths (CANS) tool.

The CANS Tool is a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. HCPF, along with community partners and stakeholders, incorporated modules within the Colorado CANS 3.0 specific to different demographics of children and youth receiving services. HCPF, in partnership with BHA, will develop the criteria for when and how the CANS guides decision-making.

Workforce Capacity Center

HCPF, in partnership with BHA, has contracted with Colorado State University to establish a Workforce Capacity Center (WCC). The WCC will oversee training, credentialing, and fidelity monitoring to ensure that providers consistently follow evidence-based models. All CO-SOC providers will be required to work with the WCC for fidelity oversight and monitoring. The WCC will collaborate with NWIC to train and certify EHW coaches in the NWIC model, ensuring fidelity to NWIC standards. These coaches will be employed by the WCC and each will be assigned to support 9 to 12 teams or sites. Through this structure, coaches will provide hands-on guidance in the wraparound model.

In addition, funds managed through the WCC will be used to support CO-SOC providers directly and to strengthen and expand the CO-SOC network across the state.

Next Steps

To get more information or to express interest in becoming CO-SOC provider, please reach out directly to your RAE CO-SOC manager, listed below:

RAE 1:	Annie Stiasny annemarie_stiasny@uhc.com
RAE 2:	Jennifer Hale-Coulson jennifer@nhpllc.org , Cari Ladd cari.ladd@nhpllc.org
RAE 3:	Melissa Fisk, melissa.fisk@cchacares.com
RAE 4:	Amanda Berger amanda.berger@coaccess.com , ProviderRecruitment@coaccess.com

For more information contact hcpf_co_soc@state.co.us