

HB 24-1038 Colorado System of Care Quarterly Status Update Report

*C.R.S. 25.5-6-2001 Colorado System of Care Quarterly
Report #5*

Date: June 1, 2026

Submitted to: Joint Budget Committee

Quarterly Report # 5

January 2026 - March 2026



COLORADO
Department of Health Care
Policy & Financing

| | |
|--|----|
| Executive Summary | 3 |
| Statutory Requirements | 4 |
| Building out Access to Intensive Services for High Acuity Youth | 4 |
| Intensive Care Coordination - Future Model Expansion | 4 |
| Treatment Foster Care Expansion - Ongoing Components | 5 |
| Advisory Committee Oversight | 5 |
| Colorado System of Care Rules Review and Updates | 6 |
| Workforce Capacity Center Updates | 6 |
| Startup and Implementation Milestones | 6 |
| Trainings Offered | 7 |
| Certifications Earned | 8 |
| Medicaid Enrolled and Contracted Providers (CO-SOC Providers) | 8 |
| Geographic Distribution of Providers | 9 |
| Ongoing Workforce Oversight | 9 |
| Conclusion | 9 |
| Appendix A: Completed Statutory Milestones | 9 |
| 1. Enhanced Standardized Assessment | 9 |
| 2. Intensive Care Coordination - Enhanced High-Fidelity Wraparound | 10 |
| 3. CHRP Eligibility Expansion | 10 |
| 4. Treatment Foster Care - Plan Development | 10 |
| 5. Advisory Committees Established | 11 |
| 6. System of Care Rules Promulgated | 11 |
| 7. PRTF Actuarial Analysis | 12 |

Executive Summary

This quarterly report outlines the implementation of the Colorado System of Care (CO-SOC), a statewide approach designed to improve access to coordinated, home and community-based services for children and youth with complex behavioral health needs. CO-SOC focuses on delivering intensive in-home and community-based services (IHBS) that reduce reliance on residential placements and support children and youth remaining safely in their homes and communities.

During this reporting period, implementation efforts continue to focus on building provider capacity, operationalizing services statewide and ensuring access to evidence-based models of care. Key actions this quarter include increasing the number of providers trained and able to serve children and youth in CO-SOC, establishing a workforce capacity center, working to educate communities on how to access CO-SOC and support CO-SOC providers on how to identify, treat and bill for CO-SOC services.

As of January 1, 2026:

- All core statutory development requirements under C.R.S. 25.5-6-2001 have been completed.
- Colorado System of Care services are available across all four Regional Accountable Entity (RAE) regions.
- A total of 81 individual providers have completed required trainings and are approved under an agency to deliver CO-SOC services.
- The Workforce Capacity Center (WCC), operated by Colorado State University, continues to expand training and technical assistance to support provider readiness and fidelity to evidence-based models.
- Actuarial and rulemaking requirements have been satisfied through the completed PRTF actuarial analysis and passage of the updated rules for CHRP and System of Care administrative rules.

During this reporting period, HCPF was unable to provide the exact number of youth served because the total was below the Safe Harbor public reporting threshold required to protect member confidentiality. Utilization of CO-SOC services during this period reflects the early stages of implementation, while efforts continue to expand provider capacity and increase statewide access.

Current efforts are focused on:

- Increasing the number of providers trained in evidence-based models and available to serve children and youth
- Exploring Treatment Foster Care financing strategies
- Planning phased implementation of additional intensive in-home models, including the Colorado Intensive Home-Based Treatment (CO-IHBT).
- Continuing oversight and coordination through statutory advisory committees.
- Continued Workforce Capacity Center reporting and expansion

At this time, detailed metrics (numbers served, member counts, and outcome measures) are not included in this report. These data elements are being developed and validated as part of

the Colorado System of Care (CO-SOC) Quality Assurance and Performance Improvement (QAPI) framework, which is anticipated to roll out summer 2026.

Future reporting will incorporate these metrics once finalized, ensuring that publicly reported data reflects validated reporting and provides a clear and accurate representation of system impact.

Statutory Requirements

This report fulfills requirements under [HB 24-1038: High-Acuity Crisis for Children and Youth](#) and [SB 25-292: Creation of a Workforce Capacity Center](#).

C.R.S. 25.5-6-2 001 requires HCPF, in collaboration with BHA and CDHS to implement:

- A standardized assessment (subsection 1(a))
- Intensive care coordination (subsection 1(b))
- Expand the residential child health-care program established pursuant to Section 25.5-6-903 to include children and youth who have a serious emotional disturbance that puts the child or youth at risk or in need of out-of-home placement (subsection 4)
- Expanded Treatment Foster Care access (subsection 5)
- Convening of a Leadership and Implementation advisory committee (subsections 2 and 3)
- Administrative rules (subsection 6)
- Psychiatric Residential Treatment Facility (PRTF) actuarial analysis (subsection 7)

C.R.S. 25.5-6-2001(7.5) requires HCPF, in collaboration with BHA to create a Workforce Capacity Center and provide quarterly updates to the JBC regarding the development and implementation of the WCC, including:

- Startup milestones
- Trainings offered
- Number of trainings delivered
- Certifications earned
- Providers enrolled as Medicaid providers
- Geographic distribution of providers

Building out Access to Intensive Services for High Acuity Youth

This section includes only items that remain in progress under HB 24-1038. Completed requirements under C.R.S. 25.5-6-2001 are outlined below in the appendix.

Intensive Care Coordination - Future Model Expansion

Intensive Care Coordination (ICC) is essential to CO-SOC because it is a more comprehensive approach to care planning and coordination of services than those traditionally provided in clinical settings. Under CO-SOC, ICC is delivered through Enhanced High-Fidelity Wraparound, which was adopted from the National Wraparound Implementation Center (NWIC). Enhanced High-Fidelity Wraparound (EHFW) has been implemented statewide as the foundational intensive care coordination model for the Colorado System of Care (CO-SOC). As

implementation has progressed, HCPF is assessing tiered care coordination approaches to ensure services align with member acuity, workforce capacity, and fiscal sustainability.

At this time, HCPF has not finalized the selection of an additional intensive care coordination model as a part of the tiered care coordination approached in the [G.A. v. Bimestefer Settlement Agreement](#) Provision 4.6.4. Further analysis will occur in coordination with BHA, CDHS, and the CO-SOC Advisory Committees under HB24-1038.

Updates will be provided in future quarterly reports.

Treatment Foster Care Expansion - Ongoing Components

Treatment Foster Care (TFC) is a key component of the Colorado System of Care, providing family-based, therapeutic placements for children and youth with behavioral health needs who are unable to remain safely in their homes. Expanding TFC in Colorado increases access to community-based placement options and supports successful transitions for youth discharging from residential settings. HCPF will continue to collaborate with CDHS and other system partners to assess opportunities to expand access to Treatment Foster Care statewide. Ongoing efforts include evaluating workforce capacity, reimbursement alignment, and service delivery considerations to support sustainable implementation.

Advisory Committee Oversight

The CO-SOC Advisory Committees support statewide implementation of the Colorado System of Care by facilitating coordination across state agencies, counties, providers, and families, and by providing oversight and input on system design and performance.

As required by statute, HCPF established the CO-SOC Statewide Leadership Committee and the CO-SOC Implementation Advisory Committee to carry out these functions. Both committees are active and continue providing oversight, implementation guidance and system monitoring.

During this quarter:

- The CO-SOC Statewide Leadership Committee convened on January 13, 2026.
- The CO-SOC Implementation Advisory Committee convened on January 15, 2026, and March 19, 2026.

Discussion topics included system implementation progress, discussion on intensive care coordination and intensive home-based treatment (IHBT).

Upcoming Meetings:

- The CO-SOC Implementation Advisory Committee will convene on May 21, 2026
- The CO-SOC Statewide Leadership Advisory Committee will convene next on July 28, 2026.

Both committees will continue meeting in accordance with their established meeting cadence.

Colorado System of Care Rules Review and Updates

Colorado System of Care Administrative [rules](#) became effective August 1, 2025. BHA, in collaboration with HCPF and CDHS, anticipates annual review and updates to reflect continued system development.

Workforce Capacity Center Updates

Required pursuant to C.R.S. 25.5-6-2001(7.5)(d)(I) and Senate Bill 25-292.

This section fulfills the quarterly reporting requirements of Senate Bill 25-292 and C.R.S. 25.5-6-2001(7.5)(d)(I). This requires HCPF to provide updates on the development and implementation of the Workforce Capacity Center (WCC) at Colorado State University, including startup milestones, trainings offered, training volume, certifications earned, Medicaid enrollment, and geographic distribution of providers.

The Workforce Capacity Center, operated by Colorado State University (CSU), is responsible for training, credentialing, and providing technical assistance to providers participating in the Colorado System of Care (CO-SOC). This work is essential to ensure that youth with complex needs are able to access evidence-based, youth and family care programs designed specifically for them.

Startup and Implementation Milestones

Startup and implementation efforts have focused on establishing key partnerships and building the infrastructure needed to support statewide service delivery. HCPF, BHA and the WCC have partnered with Functional Family Therapy LLC (FFT LLC), the National Wraparound Implementation Center (NWIC), the Rocky Mountain MST Network and Rick Shepler to support training, model development and implementation of core CO-SOC services, including CO-IHBT.

Efforts have been focused on building a training infrastructure, including an implementation of a train-the-trainer model for EHFw and eventually CO-IHBT in Colorado and preparing providers to deliver these services statewide. Efforts also include preparing and supporting providers in delivering EHFw, Enhanced Multisystemic Therapy (EMST), and Enhanced Functional Family Therapy (EFFT) statewide.

These activities established the foundational infrastructure necessary for statewide implementation of intensive care coordination models within CO-SOC. Key milestones include:

- Execution of interagency agreement between HCPF and CSU to establish the Workforce Capacity Center effective August 20, 2025.
- Launch of EHFw Cohort 1 with five contracted provider agencies.
- CO-SOC began Medicaid service delivery beginning November 1, 2025.
- Partnership contract completed between CSU and the National Wraparound Implementation Center (NWIC) for EHFw training and coaching
- HCPF executed an interagency agreement with MST Services through the Rocky Mountain MST Network for EMST training and supervision.

- CSU established a vendor agreement with Functional Family Therapy LLC (FFT LLC) for EFFT training and fidelity support.
- CSU initiated a workforce landscape analysis to assess current provider capacity and projected workforce pipeline needs.

Trainings Offered

These trainings support provider engagement and foundational knowledge-building related to providing services for high acuity children and youth in CO-SOC. HCPF notes; however, that the number of trainings delivered is not a direct measure of workforce capacity. Specifically, this metric does not reflect the actual number of providers who have completed all the requirements to become certified as a CO-SOC provider. To better align reporting with the intent of SB 25-292, HCPF will continue reporting from the number of trainings provided, but future reports will also include the total list of providers who have successfully completed training to fidelity of each specific model and are contracted with the RAEs to provide services for CO-SOC. This approach will give a more accurate representation of system capacity and HCPF’s progress in increasing access to care and expanding the provider network.

The WCC at CSU provides or facilitates training for the following models:

Enhanced High Fidelity Wraparound (EHFW): 19 sessions delivered

Delivered through NWIC in partnership with the WCC, including:

- 3-day Introduction to Wraparound
- 1-day Engagement in the Wraparound Process
- 2-day Intermediate Wraparound
- 2-day Advanced Wraparound
- Ongoing coaching and supervision supports

Enhanced Multisystemic Therapy (EMST): 28 sessions delivered

Delivered through MST Services and the Rocky Mountain MST Network, including:

- Initial EMST clinician training
- Ongoing clinical supervision
- Fidelity monitoring and consultation

Enhanced Functional Family Therapy (EFFT): 12 sessions completed.

Delivered through FFT LLC, including:

- Foundational team training
- Replacement staff training
- Ongoing consultation and maintenance activities

Number of Trainings Provided

Between January 1 - March 31, 2026

During this reporting period, the following trainings were delivered:

- Enhanced High Fidelity Wraparound: 19 sessions
- Enhanced Multisystemic Therapy: 28 sessions
- Enhanced Functional Family Therapy: 12 sessions

EMST continues to offer approximately six statewide training opportunities annually, occurring roughly every other month. EFFT and EHFw training cadence is aligned with team onboarding and implementation needs.

Certifications Earned

As of March 31, 2026, CO-SOC has 81 certified CO-SOC providers. A CO-SOC provider is contracted with a RAE and able to serve children and youth within CO-SOC. Certifications reflect successful completion of required training components and progression toward model fidelity standards. This is the current number of providers who are able to see children and youth within CO-SOC. Current efforts are underway to expand the provider network.

- Enhanced High Fidelity Wraparound: 27 providers have completed at least one EHFw training module and can see children and youth in CO-SOC
- Enhanced Functional Family Therapy: 12 certified EFFT clinicians who can see children and youth in CO-SOC
- Enhanced Multisystemic Therapy: 42 EMST clinicians who can see children and youth in CO-SOC

Medicaid Enrolled and Contracted Providers (CO-SOC Providers)

The following agencies are enrolled as Medicaid providers and contracted through RAEs to deliver CO-SOC services. All of these agencies and the outlined number of providers are able to see CO-SOC children and youth.

Enhanced High Fidelity Wraparound Providers (5 Agencies)

Across the 5 CO-SOC EHFw provider agencies listed below there are 27 EHFw facilitators and 5 EHFw supervisors.

- Diversus
- Mile High Behavioral Health
- Paragon
- Savio House
- Turning Point

Enhanced Functional Family Therapy

- 2 EFFT teams statewide
- 12 clinicians
- 1 supervisor

Enhanced Multisystemic Therapy

- 12 EMST teams statewide



- 11 supervisors
- 42 clinicians

Geographic Distribution of Providers

CO-SOC providers, providing Enhanced High-Fidelity Wraparound are currently practicing across all four RAE regions, and are required to provide services in all 64 counties, including rural and frontier counties.

Provider distribution reflects statewide implementation efforts. HCPF continues monitoring geographic workforce capacity to ensure adequate access in high-need and rural regions.

Ongoing Workforce Oversight

HCPF will continue monitoring workforce capacity, geographic distribution, training volume, and fidelity implementation to ensure sufficient provider availability as CO-SOC utilization expands. Workforce planning efforts will evolve to support sustainable statewide service delivery.

Conclusion

The Colorado System of Care (CO-SOC) is operational statewide, with continued progress in expanding the behavioral health workforce and training providers to deliver services aligned with program standards. While provider capacity has increased, HCPF remains focused on expanding both CO-SOC provider capacity and CO-SOC member enrollment statewide.

To support this work, HCPF facilitates CO-SOC strategy workgroups that include HCPF, the RAEs, the Workforce Capacity Center at Colorado State University, the National Wraparound Implementation Center and CO-SOC providers to support coordinated implementation, workforce development, fidelity and statewide access to care.. Ongoing efforts focus on workforce expansion, refinement of outreach and referral processes, Treatment Foster Care financing strategies, and phased implementation of additional intensive care coordination models to better align service capacity with demand. HCPF will continue to monitor utilization trends and make data-informed adjustments to ensure that the system effectively reaches and serves children and families in need.

HCPF has satisfied all core statutory development requirements under HB 24-1038 and remains in compliance with statutory requirements, while continuing alignment with the *GA v. Bimestefer* Settlement Agreement.

Appendix A: Completed Statutory Milestones

The following statutory requirements have been completed for C.R.S. 25.5-6-2001.

1. Enhanced Standardized Assessment

C.R.S. 25.5-6-2001(1)(a)

The Enhanced Standardized Assessment (ESA) established uniform statewide standards to identify children and youth who require intensive services and to accurately capture the

needs and strengths of young people and their families. Colorado implemented the updated CANS 3.0 tool statewide on July 1, 2025, following collaboration with the University of Kentucky and extensive stakeholder engagement. The ESA includes a comprehensive biopsychosocial assessment and supports level-of-care recommendations, treatment planning, and medical necessity determinations for QRTP and PRTF services.

HCPF completed policy guidance ([OM 25-032](#)), incorporated ESA requirements into ACC 3.0 contracts, and defined RAE implementation during the first year of the Colorado System of Care. All ESAs are required to be completed by CANS-certified licensed behavioral health professionals who have completed required training, which was developed by HCPF and BHA and made available free of charge through the BHA Learning Management System on July 1, 2025.

2. Intensive Care Coordination - Enhanced High-Fidelity Wraparound

C.R.S. 25.5-6-2001(1)(b)

Intensive Care Coordination (ICC) was established as a high-intensity service within Colorado's System of Care (CO-SOC) to support children and youth with the highest acuity needs. Delivered by CO-SOC Certified ICC Providers, ICC strengthens care planning, service coordination, and cross-system collaboration beyond traditional clinical settings. HCPF identified two National Wraparound Implementation Center models, Enhanced High Fidelity Wraparound (EHFW) and FOCUS. EHFW was added to ACC 3.0 contracts in March 2025 as a covered behavioral health capitation service.

HCPF also established a Workforce Capacity Center (WCC), which is Colorado State University, to support training and provider capacity. The Joint Budget Committee approved funding in March 2025, HCPF finalized an interagency agreement with Colorado State University as the WCC in August 2025, and BHA finalized its agreement in October 2025.

3. CHRP Eligibility Expansion

C.R.S. 25.5-6-2001(4)

There were no changes to CHRP waiver services or provider types; the expansion aligned BHA, CDHS, and HCPF in serving high-acuity youth. HCPF received federal approval to expand CHRP eligibility and finalized rule adoption on December 13, 2024, with implementation effective January 1, 2025, adding Serious Emotional Disturbance (SED) targeting criteria. Full implementation, including provider and case management agency training, was completed in March 2025, supported by LMS training and [Operational Memo 25-003](#).

As a result of the expansion, CHRP SED enrollments increased in FY 2025-26, with an estimated cost of \$523,000. Earlier access to appropriate interventions is expected to reduce reliance on more costly State Plan services over time.

4. Treatment Foster Care - Plan Development

C.R.S. 25.5-6-2001(5)

Treatment Foster Care (TFC) settings are a critical component of the continuum of care, providing family-like placements for children with behavioral health needs and supporting stronger outcomes when appropriate treatment levels are available. HCPF completed a [draft plan](#) by January 1, 2025, to increase access to TFC, including reviewing Medicaid-reimbursable services and billing codes, evaluating reimbursement structures, ensuring rates reflect the specialized skills of TFC parents, clarifying service delivery for youth not in county custody, and confirming appropriate payment for Medicaid services delivered in TFC settings. There was an [update memo](#) for Treatment Foster Care, which was finalized and posted.

HCPF also ensured that Colorado’s System of Care (CO-SOC) services are available within TFC settings, including in-home behavioral health services and access to reimbursable supports such as respite. In collaboration with CDHS and BHA, HCPF identified alternative funding opportunities and established a pathway for Treatment Foster Care parents to become Qualified Behavioral Health Aides (QBHA) and receive Medicaid reimbursement for services within that scope. Agencies continue reviewing Medicaid and non-Medicaid funding options to support long-term sustainability.

5. Advisory Committees Established

C.R.S. 25.5-6-2001(2) and (3)

HCPF established both the Implementation Advisory Committee (formed September 2024) and the Statewide Leadership Committee (formed October 2024) to support oversight and implementation of the System of Care for high-acuity children and youth. The Statewide Leadership Committee heard a presentation on the Implementation Plan on June 20, 2025, and approved a proposal on July 10, 2025, to allow local county departments to serve as sites for Enhanced High Fidelity Wraparound providers. The Implementation Advisory Committee convened as scheduled on September 18 and November 20, 2025, discussed crisis planning strategies using the National Wraparound Implementation Center model, reviewed and approved a new committee structure including workgroups and bi-weekly updates, and discussed intensive home-based treatment.

6. System of Care Rules Promulgated

C.R.S. 25.5-6-2001(6)

On September 16, 2024, BHA initiated rule promulgation and publicly posted proposed draft Administrative Rules ([2 CCR 502-6](#)) for the administration and implementation of the System of Care for children and youth with complex behavioral health needs, developed in collaboration with HCPF and CDHS. The rules incorporate the Enhanced Standardized Assessment process to determine eligibility, establish broad eligibility criteria for youth under age 21, and require residential treatment providers to complete cultural competency training through the CDHS Residential Child Care Provider Training Academy.

BHA’s rules went into effect on August 1, 2025. BHA conducted nine virtual and ten in-person public feedback sessions statewide and presented the rule package to the State Board of Human Services on May 9, 2025 (first reading) and June 6, 2025 (second reading). Following minimal technical revisions, the State Board unanimously adopted the rules in full.

7. PRTF Actuarial Analysis

C.R.S. 25.5-6-2001(7)(a)

HCPF contracted with Optumas effective January 1, 2025, to conduct an actuarial analysis of Psychiatric Residential Treatment Facility (PRTF) reimbursement rates to ensure they are actuarially sound. The [analysis](#) was completed ahead of the June 30, 2025 deadline and established a new PRTF rate of \$815.85, reflecting a 1.6% increase to account for higher-acuity populations and updated cost assumptions while remaining within the approved rate range.

