CDHS Performance Plan

2023-2024

WE ARE THE PEOPLE WHO HELP PEOPLE

COLORADO
Department of Human Services

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Who We Are

2023-24 Performance Plan

Who we are

The Colorado Department of Human Services (the Department) collaborates with partners in State and county governments, nonprofits, advocates, community residents, providers and many others to empower Coloradans to thrive through bold and innovative health and human services.

Specifically, the Department supports and/or provides care for:

- Colorado families who need assistance with food, cash, employment or energy assistance;
- Children, youth and adults at risk of abuse or neglect;
- Individuals with developmental disabilities;
- Pre-adjudicated and committed youth in trauma-responsive environments;
- Individuals who need treatment inpatient level of care for mental illness and all competency restoration services;
- Older adults and their families who need resources to care for themselves or their elderly parents;
- Colorado's Veterans and their spouses; and
- Deaf, hard-of-hearing, and Deafblind Coloradans.

The Department's staff is committed to providing the right services to the right people in the right setting at the right time.

Our Mission

Together, we empower Coloradans to thrive.

Our Motto

We are the people who help people.

Our Vision

To serve Coloradans through bold and innovative health and human services.

Our Values

As diverse individuals and members of a powerful statewide team, we share common qualities and beliefs that further our mission, inspire our community, and empower one another.

Our Values

We believe in a people-first approach:
To serve the people of Colorado, we develop a culture and work environment that creates an energized, inspired and healthy team capable of giving their best to Coloradans.

Balance creates quality of life:
We want our team to be resilient through a supportive workplace that values flexibility, health and wellness and employee engagement.

We hold ourselves accountable:
We take responsibility through our actions, programs, and results for the state of health and human services in Colorado.

Transparency matters:
We are open and honest with employees, our partners, the Coloradans we serve and the public.

We are ethical:
We abide by what is best for those we serve by doing what is right, not what is easy.

Collaboration helps us rise together:
We work together with all partners, employees, and those we serve to achieve the best outcomes for Coloradans.

What We Do Overview

The Department is a complex organization with a variety of statutory responsibilities. The Department's FY 2023-24 appropriated operating budget, per the enacted SB 23-214 Long Bill, is $2,349,420,362 total funds including $988,710,391 General Fund and 5,320.3 Full Time Equivalent (FTE) staff. In addition to managing State-funded programs, the Department also administers and provides oversight for a variety of federally funded programs. It is important to note the Office of Early Childhood is no longer included in the CDHS operating budget below, while the Behavioral Health Administration is included.

Additional information on the Department's management structure and individual programs is as follows.

Total FTE	5,320.3
General Fund	$988,710,391
Cash funds	$557,393,208
Reappropriated funds	$219,355,902
Federal funds	$573,960,861
Total funds	$2,349,420,362

Senior Executive Team

Senior Executive Team

Michelle Barnes — Exective Director

Anne-Marie Braga — Deputy Executive Director of Community Partnerships

Clint Woodruff — CFO and Deputy Executive Director, Financial Services

Kevin Neimond — Chief Policy and Communications Officer

Pedro Almeida — Deputy Executive Director, Administrative Solutions

Perry May — Deputy Executive Director of Health Facilities

Kathryn Morrison — Chief Strategy Officer

The Department's Senior Executive Team is composed of the executive director, four deputy executive directors, the director of legislative affairs, and the chief strategy officer. The Senior Executive Team is tasked with executing the vision and directives set forth by the Executive Director and providing senior leadership over the Department's five main programmatic offices.

Deputy Executive Director of Financial Services/Chief Financial Officer. The chief financial officer (CFO) brings strategic focus to the Department's budget management processes. The CFO is responsible for the management and oversight of the $2.2 billion budget and management of the Division of Budget and Policy, the Division of Accounting, and the Division of Contracts and Procurement.

Deputy Executive Director of Health Facilities. The deputy executive director of health facilities provides leadership and ensures coordination among all of the Department's 24/7 facilities, which includes the Division of Youth Services, Veterans Community Living Centers, Mental Health Institutes, Forensics, and Regional Centers.
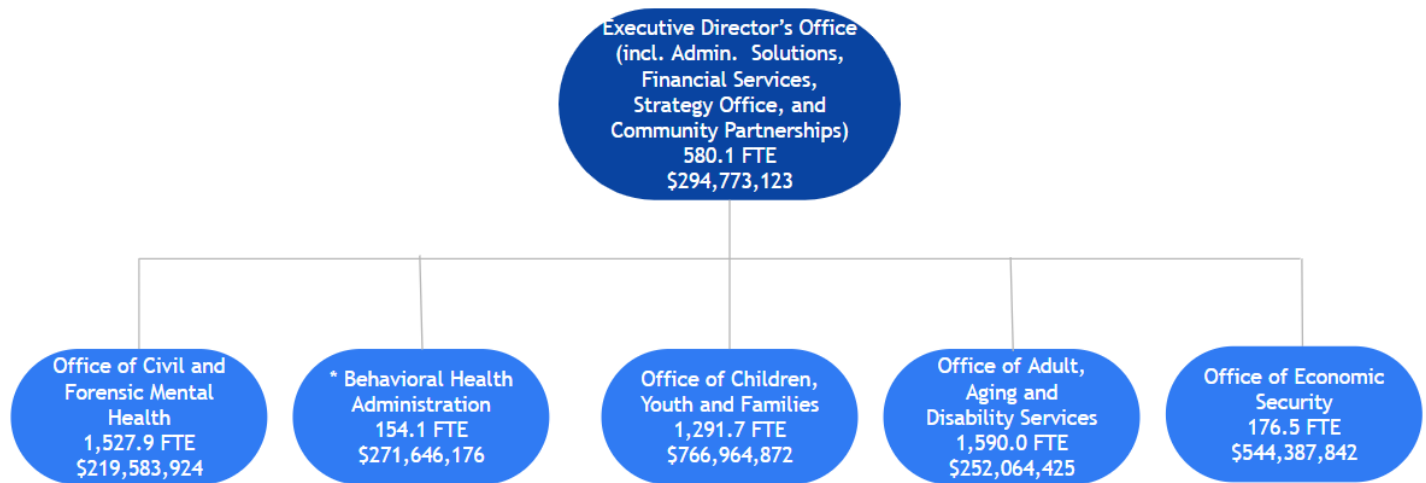
Deputy Executive Director of Administrative Solutions. The deputy executive director of administrative solutions is responsible for the management of the administrative functions of CDHS, including Human Resources, Facilities Management, Audit, Public Assistance Quality Assurance, Administrative Review Division, Direct Care Facilities Quality Assurance, Quality Assurance Youth Service, Business Innovation Technology and Security, Emergency Management, and Legal Affairs.

Deputy Executive Director of Community Partnerships. The deputy executive director of community partnerships builds strong relationships and provides strategic direction to ensure the success of the whole person, whole family, whole community approach to human service delivery, while also overseeing external entities and agencies with whom the Department contracts. This role also provides senior leadership for the Office of Children, Youth and Families; Office of Economic Security; Aging and Adult Services Division; Community and Family Engagement; County and Client Services; and the Department's equity, diversity and inclusion work.

Chief Policy and Communications Officer. The chief policy and communications officer provides strategic and operational direction for the agency's legislative, regulatory and communications agendas. This role is responsible for the coordination of relationships with the media, members of the General Assembly, community stakeholders, including the Department's advisory boards and commissions, and intergovernmental partners

Chief Strategy Officer. The chief strategy officer ensures the operational efficiency and effectiveness of the Department. This role supports the Department in crafting and executing the Department's strategic plan and the oversight of related work stream priorities to achieve the goals outlined in the Better Together strategic plan. This role ensures key processes, procedures and communications facilitate the Department's mission and operations. The Chief Strategy Officer provides senior leadership for the Performance Management Division and the Division of Project Management. This is a new role as of early 2023.

Management Offices

Source: Long Bill and Special Bills (FY 2022-23 Appropriation as of July 1, 2022).
*Please note the BHA will submit a separate Performance Plan.

Beyond the Senior Executive Team and the Executive Director's Office, which includes the Administrative Solutions team, the Financial Services team, the Community Partnerships team, and the Chief Strategy Officer team, the Department is split into four management offices, each led by an office director.

1. Office of Adult, Aging and Disability Services
2. Office of Civil and Forensic Mental Health
3. Office of Children, Youth and Families
4. Office of Economic Security

Together with the Senior Executive Team and the Executive Director's Office, the offices provide the leadership structure to facilitate the delivery of cross-system human services programs to Colorado.

Administrative Solutions (AS)

Administrative Solutions provides services that help program areas achieve their goals. It is responsible for a number of support functions to make the agency as efficient, effective and impactful as possible. Administrative Solutions comprises Human Resources, Facilities Management, Audit, Business Innovation Technology and Security, Emergency Management, Legal Affairs, and Quality Assurance.

Community Partnerships (CP)

Community Partnerships builds and strengthens internal and external partnerships, while being a cross-system catalyst for people-centered solutions to support individuals, families and community partners. Community Partnerships provides strategic coordination to ensure the success of the whole person, whole family, whole community approach to human service delivery, while also overseeing external entities and agencies with whom the Department contracts. Community Partnerships provides oversight for the Office of Children, Youth and Families; Office of Economic Security; Aging and Adult Services Division; Community and Family Engagement; County and Client Services; Homelessness Prevention Initiatives; and the Department's Equity, Diversity and Inclusion initiative.

Financial Services (FS)

Financial Services is responsible for managing the Department's $2.3 billion budget and an additional approximate $1.5 billion in Federal Pass-Through Dollars for direct benefits. Financial Services provides governance, oversight, training and education to the Department's programs as well as county partners. Financial Services oversees Budget and Policy, Accounting, Payroll, Contracts, Procurement, and Warehouse storage and delivery.

Strategy Office

The Strategy Office team ensures the operational efficiency and effectiveness of the Executive Director's Office by crafting and executing the Department's Better Together strategic plan and provides oversight of related work stream priorities to achieve goals. The Strategy Office team comprises the Performance Management Division and the Division of Project Management.

Office of Adult, Aging and Disability Services (OAADS)

The Office of Adult, Aging and Disability Services (OAADS) serves Colorado seniors, veterans and those with disabilities through responsive and person-centered support. OAADS elevates adults towards independence to live their best lives THEIR way. Services are provided through the Division of Regional Centers, Veterans Community Living Centers, Aging and Adult Services; including Adult Protective Services and the State Unit on Aging; Disability Determination Services and Programs

including Mindsource Brain Injury Network and the Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind to insure Coloradans live in the communities of their choice.

Office of Civil and Forensic Mental Health (OCFMH)

The Office of Civil and Forensic Mental Health (OCFMH) operates Colorado's two mental health hospitals, the Forensic Services Division and the Division of Mental Health Transitional Living. The office provides a continuum of mental health care that includes pre-trial restoration services, inpatient hospitalization and, soon, transition homes for community-based care.

Civil clients and patients are individuals who are committed by a civil court into the care of the Colorado Department of Human Services, whether voluntarily or involuntarily, because they have serious and persistent mental health conditions. OCFMH provides inpatient hospital care as well as transitional, community-based services, depending on the patient or client's individual needs.

Forensic clients and patients include two types of individuals. One category is individuals who are charged with a crime and have a mental or developmental disability that prevents them from assisting in their own defense or rationally understanding the criminal court proceedings. The second category is individuals who have been charged with a crime but found not guilty by reason of insanity. OCFMH works across the justice system to provide evaluations, treatment and case management for these clients.

Office of Children, Youth and Families (OCYF)

The Office of Children, Youth and Families (OCYF) is responsible for the coordination of quality and effective services for Colorado's most vulnerable children, youth and their families. OCYF houses three divisions: the Division of Child Welfare, the Division of Youth Services, and the Division of Community Programs as well as Medical Oversight and Pay for Success. The Division of Community Programs includes the Colorado Sexual Health Initiative; the Domestic Violence Program; the Juvenile Parole Board; the Collaborative Management Program; and the Tony Grampsas Youth Services Program. Additionally, legislative and finance staff are dedicated to advancing the policy and budgetary priorities of the office, and the communications team works to increase understanding of the office's impact and encourage Coloradans to become involved in strengthening families. Each team is uniquely organized and pursues defined goals to best collaborate with counties and community partners to empower people in Colorado to thrive.

Office of Economic Security (OES)

The Office of Economic Security operates programs that provide income, employment, food and support services to those in need. Divisions include Child Support Services, Economic & Workforce Support, Food and Energy Assistance, and Staff Development.

The Division of Child Support Services helps ensure children receive regular financial support from both parents and is committed to providing family-centered services that address barriers to consistent child support payments. The Division of Economic & Workforce Support provides innovative programming that connects people to employment and benefits services that reduce poverty, increase stability, and improve well-being. Programs include Colorado Works (TANF), Adult Financial Programs, Colorado Employment First, ReHire Colorado, and Refugee Services. The purpose of The Food and Energy Assistance Division is to safeguard health and well-being by administering programs such as the Supplemental Nutrition Assistance Program (SNAP), Electronic Benefit Transfer (EBT) program, Pandemic Electronic Benefits Transfer (P-EBT), and Low-Income Energy Assistance Program (LEAP). In addition, the Division provides Food Distribution Programs (FDP) including The Emergency Food Assistance Program, the National School Lunch Program USDA Commodities, and Everyday Eats for older adults.

The Staff Development Division works to identify essential training needs and to establish, facilitate, and maintain competency-based training programs for county staff working with families who are accessing medical and other types of public assistance.

Statewide Collaborations and Task Group Engagement

CDHS is engaged with statewide initiatives that aim to enhance service delivery, reduce program costs, and ultimately improve the lives of Coloradans. Members of the Department's leadership are currently involved in the following initiatives:

- Rural Outreach Cabinet
- Education Cabinet Working Group
- Criminal Justice Cabinet Working Group
- Workforce Cabinet Working Group
- Reducing Homelessness Cabinet Working Group
- Health Cabinet Working Group
- Government Data Advisory Board (GDAB)
- IT Rates & Services Board
- OIT Customer User Group

The *Better Together* Strategic Plan

During SFY 2019-20, CDHS undertook a comprehensive strategic planning process. Based on feedback from thousands of survey responses and discussions with CDHS staff, stakeholders and partners, the strategic plan identifies key initiatives that align with its new mission, vision and values. The strategic plan, known as *Better Together*, outlines what CDHS will prioritize in 2020-23 calendar years. In order to outline how CDHS will meet the objectives outlined in the *Better Together* plan, CDHS annually prepares a performance plan to outline the goals and activities to be undertaken in the coming state fiscal year. The plan's format meets the requirements of Colorado's State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act.

The *Better Together* Strategic Plan outlines the Department's 2020-23 strategic initiatives known as The 4 Keys*:

Key 1: Whole Person, Whole Family, Whole Community Approach

What is the ideal outcome? The Department provides a collaborative, multi-disciplinary health and human services approach to Coloradans. The Department's work is integrated and cross-systems collaboration is the norm.

Key 2: Efficient and Effective Processes

What is the ideal outcome? The Department is efficient with things and effective with people. The processes allow employees to efficiently and effectively complete work so they can focus on what matters: empowering Coloradans to thrive. CDHS employees are (1) excellent problem solvers, (2) improving continuously and (3) resilient.

Key 3: Leveraging Technology

What is the ideal outcome? CDHS leaders have the leverage and knowledge to support project oversight, strategic planning, risk management and overall ownership of the IT systems that support their programs and the Department has tools to make work easier and lead to better outcomes.

Key 4: Making CDHS A Great Place to Work

What is the ideal outcome? CDHS is an employer of choice. An employer of choice is an organization that offers great professional culture in an environment that attracts and retains the best employees. Features of the workplace environment at an employer of choice favor the well-being of employees and the clients they serve.

*To learn more about The 4 keys, please visit
https://www.colorado.gov/pacific/cdhs/better-together-strategic-plan

Performance Management Strategy

CDHS is excited to announce that it is transitioning internally to a new Results-Driven Management System (RDMS) on an ongoing basis. This is about HOW CDHS internally manages the multitude of projects, programs and initiatives it has. It will enable CDHS to prioritize and execute its work in a more efficient and effective manner, while continuing to focus on better outcomes for people.

CDHS has reached the phase in the implementation of this work where it will be rebranding *internal* C-Stat (NOT County C-Stat) to be in alignment with the new system. CDHS will still conduct performance management meetings, but will call them Business Reviews.

CDHS will continue to analyze performance in each department program using the most currently available data. The Results-Driven Management System centralizes data from programs across the Department, automates data pulling where possible, and utilizes data visualization best practices and techniques. Through business reviews, analysis, and inquiry to enhance focus on meaningful metrics, CDHS determines which processes work well and which processes need improvement. By measuring the impact of day-to-day efforts, CDHS makes informed, collaborative decisions to align efforts and resources to affect positive change.

The following measures demonstrate some of the outcomes CDHS is tracking on a regular basis. These measures are a subset of the larger universe of measures the Department will manage in FY 2023-24 that contribute to the goals and vision outlined in the Governor's Dashboard.

Pandemic Performance Management

The Performance Management Division established a performance management program function for all types of COVID relief funds. The Pandemic Performance Management work began in October 2021 and is anticipated to continue into 2024. The team was tasked with enhancing and protecting the Department's vision, mission, and values by providing a risk-based and objective performance management strategy specific to pandemic-funded programs, and gaining insight to individual Offices within the Department and external partners.

The Pandemic Team actively engages in coordination and collaboration with various departments, including the Department of Early Childhood (DEC) and Department of Behavioral Health Administration (BHA), and Office of Civil and Forensic Mental Health (OCFMH), Office of Economic Security (OES), Office of Aging and Disability Services (OAADS), and Office Children, Youth and Families (OCYF). Working closely with the Chief Recovery Officer and office leadership, the team develops comprehensive action plans aimed at enhancing performance and ensuring the successful implementation of initiatives to achieve metric goals.

Drawing upon their extensive program knowledge, the team employs the following strategies to demonstrate impact and efficacy:

- Implementation of performance management strategies for pandemic funded programs.
- Provision of technical assistance and validation of data.
- Collection, analysis, and reporting of performance data.
- Ensuring that performance metrics are meaningful and effectively showcase the program's impact.
- Identification of areas requiring performance improvement efforts.

Facilitation of programs in attaining their desired outcomes, goals, and objectives.
Through these concerted efforts, the Pandemic Team effectively showcases the tangible impact and effectiveness of the program, driving continuous improvement and successful outcomes.

The performance measures implemented for the Pandemic project serve multiple important purposes. They enable project owners to effectively demonstrate and communicate the success achieved, identify potential areas for program adjustments, exhibit accountability and action to community partners, and provide justification for program expansion and evolution.

To ensure the successful implementation of these performance measures, the Pandemic Performance Management Team collaborates closely with the Data Management Team. The Data Management Team is responsible for collecting, aggregating, and reporting the data pertaining to performance management.

Furthermore, the Pandemic Performance Management Team actively coordinates efforts to incorporate pandemic metrics and reporting into WIGs (Wildly Important Goals). This integration ensures that the metrics and reporting align with the overarching objectives of the organization, promoting a cohesive and comprehensive approach to performance management during the pandemic.

Goal and Metric Overview

2023-24 Performance Plan

SFY 2023-24 Cabinet Member Wildly Important Goals for CDHS

To emphasize and focus on specific areas related to The 4 Keys, the Department has developed performance measures in a few key areas that are measurable, accountable, responsive, and transparent. In FY 2023-24, the Department has the following Wildly Important Goals (WIGs):

1. **Consent Decree:** CDHS will increase the number of pretrial detainees restored to competency by 15%, from 1,213 to 1,395, by June 30, 2024.

2. **Housing Services Connection Initiative:** CDHS will connect 75% of people receiving cash assistance who self-identify as unhoused or at risk of housing instability to housing resources through the regional Continuums of Care or related providers by June 30, 2024.

3. **Residential Treatment for Youth:** The Office of Children, Youth, and Families will increase bed capacity in residential treatment facilities for High Needs Youth from 263 to 323 beds by June 30, 2024.

SFY 2023-24 Cabinet Member WIG #1

Colorado Department of Human Services
Office of Civil and Forensic Mental Health (OCFMH)
Consent Decree

Why is it important?: Currently there are almost 470 Coloradans suffering from serious mental illness in jail. They are waiting for competency and restoration services at the state hospital. The current bed shortage and staffing crisis has led to the Department's inability to comply with the timeframes for admission to the hospital set in the consent decree. If CDHS does not meet the terms of the consent decree, it will cost the State $12 million + inflation in fines. More importantly, there is a significant human impact; individuals who are suffering are not able to get the treatment they deserve.

Strategies: 1) To address barriers to compliance with the Competency Consent Decree, OCFMH will reduce the Length of Stay, increase bed capacity at the State Mental Health Hospital at Fort Logan (CMHHIFL) and re-open units at the State Mental Health Hospital at Pueblo (CMHHIP), 2) Reduce staff vacancies, 3) Maximize contract beds based on the funding received for these beds, and 4) increase bed occupancy.

Cabinet Member WIG: CDHS will increase the number of pretrial detainees restored to competency by 15%, from 1,213 to 1,395, by June 30, 2024.

INCREASE	SFY 22-23	SFY 23-24 (1-Year Goal)	SFY 25-26 (3-Year Goal)
Goal:	1,213	1,395	1,610

SFY 2023-24 Cabinet Member WIG #2

Colorado Department of Human Services
Cross-Office effort
Housing Services Connection Initiative

Why is it important?: Homelessness is a big challenge in Colorado and across the country. Knowing that the unhoused population has doubled in the metro area since the beginning of the pandemic and that safe and accessible housing is fundamental to the overall health and well being of individuals, families, and communities, CDHS is committed to taking a lead role in proactively identifying people at risk of experiencing homelessness and connecting them to the services they

need. Successful completion of this goal will ensure that individuals who are unhoused/ at risk of homelessness will be connected to housing assistance and services and on the path to rehousing/ housing retention.

Strategies: CCDHS will continue its existing housing service connection efforts in 14 participating counties. In 6 Homelessness Initiatives grantee counties (Weld, Pitkin, Lake, Delta, Montezuma, Fremont), CDHS will deepen those efforts by funding outreach and case management services to unhoused/ at-risk individuals that aim to produce outcomes related to rehousing and housing retention for those clients.

Cabinet Member WIG: CDHS will connect 75% of people receiving cash assistance who self-identify as unhoused or at risk of housing instability to housing resources through the regional Continuums of Care (regional planning body responsible for coordinating the funding and delivery of housing and services to meet the specific needs of people experiencing homelessness) or related providers by June 30, 2024.

INCREASE	SFY 22-23	SFY 23-24 (1-Year Goal)	SFY 25-26 (3-Year Goal)
Goal:	n/a	75%	75%

SFY 2023-24 Cabinet Member WIG #3

**Colorado Department of Human Services
Office of Children, Youth, and Families
Residential Treatment for Youth**

Why is it important?: Mental and behavioral health services for children and youth in Colorado remain a priority for those in need. Different treatment and service needs of children and youth should be matched with appropriate levels of care and types of service. The higher acuity needs of the child or youth, the higher the needed treatment level. After a child or youth enters a level of treatment, the goal is always to "graduate" that child/youth to a lower level of care which provides the greatest level of independence possible. This graduation to a lower level of care is referred to as a "step down".

The current model in Colorado identifies the levels of care below:

Highest Care Level
- Inpatient Hospital / Emergency Department

- Psychiatric Residential Treatment Facilities (PRTFs)
- Qualified Residential Treatment Program (QRTPs)
- Treatment Foster Care
- Therapeutic Foster Care
- Foster Care
- Professional Foster Care
- Kinship Care
- Home Placement / Outpatient Treatment

Lowest Care Level

These steps down are customized by the treatment team to the needs of each child/youth. For example, if a youth enters a QRTP, they may step down to Home Placement / Outpatient Treatment, thereby skipping all of the level options in between.

In the last few years, a critical gap in this continuum has been identified at the PRTF and QRTP levels. As a result, CDHS has focused on providing more beds at these levels to allow for more appropriate care of children and youth as well as to alleviate recent capacity burdens for treatment in Inpatient Hospitals and Emergency Departments.

Successful completion of the WIGgoal will result in a greater number and variety of residential treatment beds available for youth with high acuity behavioral and mental health needs. Despite declining numbers of children requiring treatment in residential care settings, Colorado continues to lack enough of the right types of therapeutic options for every child with highly complex medical and behavioral health needs who cannot go home.

Strategies: CDHS/OCYF will continue to implement strategies outlined in the Strengthening Treatment Strategic plan including 1. Expand treatment options to fill gaps in care for youth with complex medical and behavioral health needs requiring out-of-home care. 2. Identify and implement new workforce strategies to create and sustain high-quality in-home and residential treatment. 3. Strengthen the use of data and analytics to drive improvements to the treatment continuum.Please omit this language it's not related to the WIG

Cabinet Member WIG: The Office of Children, Youth, and Families will increase available bed capacity in residential treatment facilities for High Needs Youth from 263 to 323 beds by June 30, 2024.

INCREASE	SFY 22-23	SFY 23-24 (1-Year Goal)	SFY 25-26 (3-Year Goal)
Goal:	n/a	323	323

Other FY 2023-24 Strategic Performance Indicators

Key 1: Whole Person, Whole Family, Whole Community Approach

Outcome Measure: Community Stakeholder Engagement

1. Department-wide Initiative — Community Stakeholder Engagement

   Why is it important?: CDHS believes in the fundamental importance of partnering with and empowering the communities it serves. Its values revolve around ensuring that stakeholder engagement is accessible and equitable, enabling it to prioritize the needs of those it serves. By actively and intentionally engaging stakeholders, CDHS is committed to treating communities with dignity and respect. Through purposeful engagement, CDHS is able to listen, learn from and act on the valuable experiences and expertise of families and communities. As an initial step to measuring this, CDHS is focusing on community participation at Governor appointed CDHS boards and commissions meetings with ongoing plans to develop the measure further.

Outcome Measure: Equitable Access to Our Services

2. Department-wide Initiative — Equitable Access to Our Services

   Why is it important?: CDHS believes that equitable access to services is crucial to fulfilling its mission of empowering Coloradans to thrive, regardless of their background or geographical location. The goal of this measure is to discover any disparate impacts, so CDHS can address them, and all Coloradans can receive services when they need them. This measure is still under development. Currently, CDHS is exploring access to services that have an income requirement for eligibility. Further development will incorporate additional services provided by CDHS.

Outcome Measure: Successfully Closed Abuse and Neglect Cases

3. Department-wide Initiative — Successfully Closed Abuse and Neglect Cases

   Why is it important?: Adults and children at risk of experiencing mistreatment, caretaker neglect, and/or self-neglect, deserve to live in safe and stable environments. This population are people who are unable to provide or obtain services necessary for their

health, safety and welfare OR who lack the capacity to make or understand responsible decisions. Through this measure CDHS hopes to identify trends and emerging issues about this population to better enhance policies and available services that help keep Coloradans safe and thriving.

Outcome Measure: Number of People Waiting for Right Setting (Admissions)

4. Department-wide Initiative — Number of People Waiting for Right Setting (Admissions)

    Why is it important?: CDHS wants to better understand the needs of Coloradans that are unable to gain admission to its facilities. Measuring this will allow CDHS to identify gaps and barriers and help develop strategies to increase efficiencies and decrease barriers in order to better support Coloradans in the right setting.

Outcome Measure: Number of People Waiting for Right Setting (Discharge)

5. Department-wide Initiative — Number of People Waiting for Right Setting (Discharge)

    Why is it important?: CDHS wants to better understand the needs of Coloradans who are unable to discharge from its facilities. Measuring this will allow CDHS to identify gaps and barriers and help develop strategies to better support Coloradans in moving to the right setting.

 Key 2: Efficient and Effective Processes

Outcome Measure: Spending to Plan

1. Department-wide Initiative — Spending to Plan

    Why is it important?: "Transparency and accountability to state citizens is a hallmark of good government." [1] The General Fund is intended to be utilized to provide effective and efficient services to Coloradans in order to help them thrive. CDHS continually monitors its spending of this fund, and others, to ensure Colorado maintains a balanced budget and that funds are being appropriately spent.

INCREASE	SFY22	SFY23	SFY24
Goal:	$1,110,747,838	n/a	
Actual:	$1,092,939,254		

Outcome Measure: Percent of Measures in Green

2. Department-wide Initiative — Percent of Measures in Green

    Why is it important?: Achieving its outcomes is important to the department. CDHS uses a Results Driven Management System to monitor its priority performance measures and ensure achievement of positive outcomes for Coloradans.

Outcome Measure: Internal Customer Satisfaction

3. Department-wide Initiative — Internal Customer Satisfaction

    Why is it important?: The administrative functions of CDHS are essential to the success of programs, enabling employees to do more meaningful work for their clients in the community, and measuring internal customer satisfaction helps CDHS understand where internal support teams excel and where it can improve.

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[1] Transparency Online Project (TOPS) - State Government Revenue and Expenditures in Colorado, https://data.colorado.gov/stories/s/fjyf-bdat

Outcome Measure: Timeliness of Delivering Public Assistance

4. Department-wide Initiative — Timeliness of Delivering Public Assistance

Why is it important?: Processing public assistance applications efficiently ensures eligible Coloradans have access to needed cash assistance, case management, employment services, financial assistance for food, and timely modification of child support orders to further their economic security.

Outcome Measure: Initiative Success

5. Department-wide Initiative — Initiative Success

Why is it important?: Some of the greatest challenges at CDHS are assigned a special task force coordinated through the Division of Project Management (DPM). Once adopted by DPM, these "Problem Solving Projects" and "Process Improvement Initiatives" engage in the "Continuous Improvement" process described below. To ensure ongoing success achieving a defined outcome, these projects and initiatives are tracked 3, 6 and 12 months after their completion.

Continuous Improvement

CDHS has built out its Continuous Improvement capacities via the new Results Driven Management System. The Division of Project Management helps CDHS facilitate continuous improvement throughout the department by facilitating 7-Step Problem Solving Projects (PSP). The 7-Step Problem Solving process is a systematic approach to tackle problems effectively and efficiently. The steps involved include, identifying the problem, gathering information, generating possible solutions, evaluating alternatives, choosing the best solution, implementing the solution and monitoring and evaluating the impact.

Why is it important?:

Continuous improvement is important because it fosters growth and innovation. A culture of continuous improvement helps CDHS identify and rectify inefficiencies, reduce waste, and increase productivity. A culture of continuous improvement also helps CDHS address customer needs more effectively, improving customer satisfaction, and building sustainable relationships with stakeholders. Ultimately, continuous improvement drives organizational success and enables CDHS to adapt to changing circumstances. This key initiative is about *building a culture of excellence*.

FY 2022-23 Process Improvement Initiatives	Results
Time To Hire	TBD- Monitoring Impact of 7 Step Problem Solving Project (PSP)
Consent Decree	TBD- Determining possible improvement areas discovered via 7 Step PSP

Key 3: Leveraging Technology

In order to set up the Department for success in Key 3: Leveraging Technology, in three years, CDHS needs to "own" the risk of ineffective technology, as well as inherent risk when systems are not in compliance with security standards. As technology owners, CDHS leaders should understand and plan for information technology (IT) costs and enhance data literacy so that IT systems yield the necessary business outcomes.

Over the course of SFY 2020-21, CDHS introduced the Business Innovation, Technology, and Security (BITS) team that would lead CDHS IT Innovation and Security as well as IT and Strategic Business projects into the future. In SFY 2022-23, CDHS garnered legislative approval to shift current payments to OIT funds to add resources for the BITS team to take on product ownership of technology products across CDHS. This funding will be available to CDHS on SFY 2023-24.

As the new BITS team exits the Storming phase of team development and enters into Norming, much work has been done in establishing the team's Mission, Vision and Values. With this work completed and funding approved, BITS will put forward a plan to staff a serious technology division that will truly take ownership of CDHS technology.

For the SFY 2023-24 Performance Plan, BITS has identified a priority to continue work on increasing the accountability and ownership of IT initiatives at CDHS.

BITS has selected the following areas as focus areas for this priority:
- Data Governance and Data Management
- Technology Staffing and Organizational Structure
- Specialized Expertise Consultants & Technical Administration
- Technology Financial Administration
- Consolidating disparate technology teams across CDHS into a centralized and Agile structure

BITS continues to focus on building out Key Performance Indicators (KPIs) and outcome measures for these priorities over the course of SFY 2023-24.

Why is it important?: Effective information technology (IT) is essential to delivering value in almost every service. Technology helps manage and improve business processes and provides meaningful data to inform decisions. Additionally, health outcomes can be improved when the right technology is leveraged at the right time. When technology lags, all aspects of the business suffer, from customer service to employee morale to leadership decision-making.

Across the Department, offices have highlighted outdated and cumbersome technology, the need for various systems to connect across services, data security concerns, as well as systems enhancements and projects coming in late and/or over budget. Additionally, department leaders are unable to easily access program data in order to make educated, evidence-informed decisions in a timely manner.

Key 4: Making CDHS A Great Place to Work

Outcome Measure: Vacancies
1. Department-wide Initiative — Vacancies

   Why is it important?: Over the past two years, CDHS has experienced staffing shortages as a result of heavy workloads, the COVID-19 pandemic, unprecedented competition for quality talent, and challenges in responding to changes in the labor market. This shortage has significantly impacted CDHS operations. Decreasing vacancies is pivotal in maintaining operational efficiency and excellence.

DECREASE	SFY22	SFY23	SFY24
Goal:	n/a	11.48%	
Actual:	25.49%		

Outcome Measure: Employee Engagement
2. Department-wide Initiative — Employee Engagement

   Why is it important?: Employee engagement improves work culture, reduces turnover, increases productivity, builds better work and customer relationships, and affects delivery of services. Measuring employee engagement through the use of surveys is important to CDHS because it helps identify areas of work culture that can be improved and which areas are strengths.

INCREASE	SFY22	SFY23	SFY24
Goal:	n/a	n/a	76%
Actual:	62%	68%	

Outcome Measure: Diversity of Applicant Pool
3. Department-wide Initiative — Best Practices

Why is it important?: A diversified workforce maximizes an inclusive and accessible workplace culture that thrives with best practices that serve diverse communities. Not only does a diversified workforce maximize productivity and outcomes, hiring and retaining staff members with diverse backgrounds and lived experiences also creates an environment that increases employees' sense of belonging. Through a diverse workforce that is representative of the communities served, CDHS models its commitment to authentically living its values and leads to better outcomes for the people it serves.

Outcome Measure: Equitable Career Growth Opportunities
4. Department-wide Initiative — Equitable Career Growth Opportunities

Why is it important?: Operationalizing and increasing equitable career growth opportunities ensures that CDHS develop and retain a diverse and high quality workforce. Providing opportunities that support equitable career growth opportunities is evidence that CDHS is a great place to work. Through equitable and accessible career development, CDHS retain and maximize staff members to best support each other and the communities it serves. When employees feel they have access to equitable career growth opportunities, they feel valued, motivated, and committed to the success of the organization. Thus, CDHS has an increase in employee retention, productivity, and positive outcomes for the communities it serves.

In SFY 2023-24, CDHS is continuing to move forward on a number of initiatives, although they will not be tracked in a measure format. Below are key areas of focus for Key 4: Making CDHS A Great Place to Work.

Equity Diversity and Inclusion:
CDHS is guided by its mission and values and recognizes that equity work is continual. The Department is engaging in an intentional process of actively listening, learning, and adapting to effect positive change in policies, practices, and mindsets. The Department is always growing, learning, unlearning, and improving.

CDHS is fully committed to continuing systemwide investment in EDI strategies and initiatives that are both employee and client/community-centered to eliminate disparities and increase equity in the programs and services it provides. For example:

- With input from community members, CDHS staff, and CDHS leadership the Department has created and implemented a five-year Equity Action Plan (currently finishing year two).
- CDHS has a dedicated group of employees participating in an EDI Subcommittee composed of a combination of learning and working group members.
- The Belonging Project (TBP) strives to increase empathy and a sense of community among CDHS staff members and ensure that CDHS is a place for all staff to be included with engagement opportunities through employee stories.
- CDHS regularly distributes a "Continuing the Conversation" newsletter series to share the voices and experiences of all staff, including leadership on diverse topics and shared resources.
- CDHS will make it a top priority to integrate best practices into employee recruitment, hiring, and retention plans and processes.
- The Performance Management Division has developed and piloted an EDI tool (based on the CDHS Decision Making Assessment Tool) to integrate a data-informed process to center equity in practice.
- Through the Results Driven Management System, Executive Leadership and programmatic staff are developing processes with the intended outcome of providing more equitable, accessible, and inclusive policies and programming for all communities connected to CDHS.

Overall, CDHS is actively engaged in creating a more equitable and inclusive environment and processes within the Department and for the communities it serves.

Career Pathing:
Career pathing continues to be a key driver of employee engagement and a critical part of the Department's people first approach. The Career Pathing program supports employees to chart a career development path and explore the diverse opportunities within CDHS. It takes a holistic approach to empower employees to design individualized action plans using meaningful, inclusive and accessible development activities.

As part of this program, supervisors and employees learn the necessary tools to have transparent conversations around growth and development to increase retention and engagement. The program provides: career pathing presentations to every facility once a year, career consultation, and innovative training on creating professional development objectives, foundations of career pathing, and stay interviews, giving supervisors the tools to conduct proactive discussions with team members around their experience, create action plans to reduce turnover, increase retention of top talent, and increase engagement,.

Onboarding and Offboarding:
In reviewing the 4 Key CDHS Initiatives it was discovered that a need existed for a better and more consistent onboarding process for new employees throughout CDHS. CDHS set a wildly important

goal that 20% of new employees have an onboarding plan. With further research, it was concluded that at least 80% of new employees now have some sort of onboarding plan. This was an exciting discovery but CDHS then wanted to incorporate best practices and consistency across the organization. Without a consistent onboarding process a program has a higher risk of losing great talent- something that goes against CDHS Key Initiative # 4- Making CDHS a Great Place to Work. The Onboarding Committee was formed to create a one-stop shop for programs in need of onboarding tips, tools and guidance. With information from different programs and resources the Onboarding Committee created the Onboarding Toolbox. This is a toolbox that programs, specifically supervisors, can turn to for onboarding information such as:

- The Importance of a Buddy System
- Best Practices for Successful 1-on-1's
- Onboarding New Employees: Guide for Success (a guide to walk through the employees first year within the organization)

Equally important to the onboarding of a new employee is the off-boarding of an employee. CDHS recognizes the off-boarding process should also be done consistently and with many considerations. The Department values the future of the exit-ing employee and wants to ensure that it is being a good steward of the resources the State provides. This includes the proper disposition and allocation of employee access and information when a State employee transfers divisions or decides to retire. The Off-boarding Toolbox was created to provide exactly this type of information to help guide both Supervisors and employees through these processes and includes:

- Email templates to use when offboarding an employee
- An easy to follow guide to make exit interviews count
- An exit interview template
- A checklist for supervisors to ensure the successful off-boarding of an employee that takes into consideration the different types of separations and more

And with the recently created Employee Resource Toolbox employees will feel supported from Onboarding, Offboarding and every step in between. The New Employee Resources Toolbox has information based on the most Frequently Asked Questions employees ask their programs and are resourced from the CDHS Intranet and placed in a "One Stop Shop" for *all* employees. It includes quick links and information on:

- Employee Benefits and PERA retirement
- Career Pathing
- A CDHS acronym dictionary that is a living document that anyone can update
- Different committees and projects that can help anyone feel that they belong and more

All employees at CDHS should feel valued and supported through each and every step of their journey at CDHS. It is the Department's goal that by creating the Onboarding and Offboarding Toolboxes as well as the Employee Resources Toolbox and continuing to place in them updated and useful tools for programs to use, it will continue to make CDHS a Great Place to Work, now and for the future.

Wellness:

The past few years in the pandemic environment have been tough for employees, especially those who work at 24/7 facilities. Recognizing the need to better support employees, CDHS:
- Created an intranet page with robust resources on wellness
- Began offering three new open enrollment courses on emotional intelligence, resilience, and self care in times of stress.
- Created a 'month of resilience' with weekly challenges for employees to improve their resilience.
- Facilitated mental health topics with The Belonging Project committee
- Created a playlist in Cornerstone to include resources to help employees transition back to in-person work post COVID

Feedback assessments and surveys reveal that the Department needs to do more to help employees feel more valued and empowered. Leveraging data into current retention and engagement rates, there is a clear opportunity to impact CDHS initiatives through a department-wide focus on making CDHS a *great place to work*.

The Department conducted a department-wide strategic planning process which led to new strategic initiatives known as The 4 Keys. The Department is taking this opportunity to align the metrics outlined in this Performance Plan with The 4 Keys. Therefore, CDHS is moving forward with new Wildly Important Goals, as outlined above.

FY 2022-23 Wildly Important Goals Summary

1. **Cabinet Member WIG:** CDHS will connect 75% of people who receive cash assistance and self-identify as unhoused or are at risk of becoming unhoused to housing assistance and services through the regional Continuums of Care or related providers by June 30, 2023. The following programs will be included:
   - Colorado Works serving families with low incomes,
   - Aid to the Needy Disabled (AND) program serving disabled individuals awaiting a determination for or receiving federal disability benefits, and
   - Old Age Pension (OAP) program serving individuals over 60 with low incomes.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	0%	0%	50%	75%
Actual:	0%	0%	0%	77%	

Wildly Important Goal:

CDHS will connect 75% of people who receive cash assistance and self-identify as unhoused or are at risk of becoming unhoused to housing assistance and services through the regional Continuums of Care or related providers by June 30, 2023.

Successful completion of this goal will ensure that more than 5,000 of CDHS' cases who receive cash assistance benefits and self-identify as unhoused or at risk of homelessness will be connected to housing assistance and services through local housing providers, while receiving ongoing services.

2. **Cabinet Member WIG:** CDHS will decrease vacancies from 26% to 11.5% by June 30, 2023.

INCREASE	SFY22	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	22.4%	18.8%	15.1%	11.5%
Actual:	26%	24.3%	22.3%	20.4%	

Connecting Clients to Housing Services	**Talent Recruitment and Retention**	Consent Decree

Wildly Important Goal:

CDHS will decrease staff vacancies from 26% to 11.5% by June 30, 2023.

Baseline: 26%

20.00...

19.97%

10.00...

Target: Below 11.5%

0.00%

Jul 22   Oct 22   Dec 22   Feb 23   Apr 23   Jun 23

Reducing turnover and vacancies at CDHS will help us better serve Coloradans.
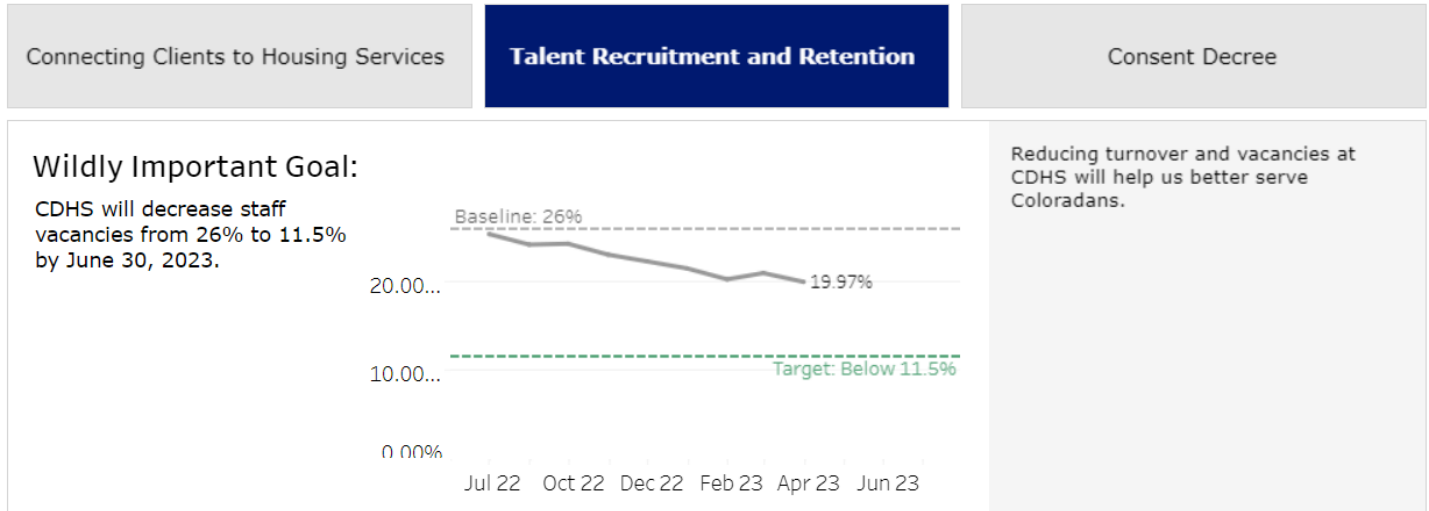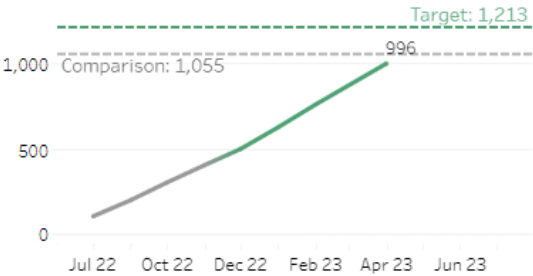
3. **Cabinet Member WIG:** Increase the number of pretrial detainees restored to competency by 15%, from 1,055 to 1,213, by June 30, 2023.

INCREASE	SFY22 Actual	Q1 SFY23	Q1 - Q2 SFY23	Q1 - Q3 SFY23	Q1 - Q4 SFY23
Goal:	n/a	303	607	910	1,213
Actual:	1,055	300	622	996	

| Connecting Clients to Housing Services | Talent Recruitment and Retention | **Consent Decree** |

Wildly Important Goal:

Increase the number of pretrial detainees restored to competency by 15% from 1,055 to 1,213 by June 30, 2023.

Target: 1,213

1,000 — Comparison: 1,055

996

500

0

Jul 22   Oct 22   Dec 22   Feb 23   Apr 23   Jun 23

To address barriers to compliance with the Competency Consent Decree, the Office of Civil and Forensic Mental Health (OCFMH) will reduce the Length of Stay, increase bed capacity at the State Mental Hospital at Ft. Logan (CMHIFL) and re-open units at the State Mental Hospital at Pueblo (CMHIP).

2023-24

BHA PERFORMANCE PLAN

COLORADO
Behavioral Health
Administration

WHO WE ARE

The Behavioral Health Administration (BHA) represents a re-designed system of behavioral health service delivery, initially conceived by Governor Polis' Behavioral Health Task Force (BHTF). The BHA was established under House Bill 21-1097, and refined through the collaborative work of state agencies, stakeholders, and the legislature.

The BHTF made 19 recommendations for reform guided by six discrete pillars:

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

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

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

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

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

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

The work of the BHTF culminated in the launch of the BHA in 2022. The BHA's most significant authorizing statute, House Bill 22-1278, outlines specific directives for the entity to achieve in the coming years.

MISSION/VISION/VALUES

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

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

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

BHA 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

LEADERSHIP TEAM

The BHA is led by a Cabinet-Level Commissioner with several internal divisions. The Commissioner works closely with their peers in the Cabinet to ensure a seamless and connected approach to behavioral health in Colorado. The divisions administer statewide behavioral health programs such as the behavioral health crisis response system, care coordination, state-funded programs, and programs funded by the federal Substance Abuse Mental Health Services Administration (SAMHSA). The BHA divisions are also responsible for cross-agency and cross-sector strategic planning and support to create a coordinated and cohesive behavioral health system.

ADVISORY COUNCILS

Behavioral Health Administration Advisory Council

The Behavioral Health Administration Advisory Council (BHAAC) is codified in statute for the purpose of "making recommendations to the BHA on how to improve the behavioral health system for children, youth, and adults throughout Colorado" (C.R.S. § 27-50-701). The BHAAC members were appointed by the BHA Commissioner in July 2022.

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

The Behavioral Health Administration Interagency Council

The Interagency Council (IAC) is led by the BHA Commissioner and includes all Executive-Branch agency executive directors. The IAC, which has been meeting since August of 2022, works collaboratively to co-design system wide initiatives, such as addressing the workforces shortage and developing a performance management system. The IAC also launched a coordinated approach to behavioral health communications called the Behavioral Health Joint Information Center (JIC), to support streamlined behavioral health system-related communication and to demonstrate a commitment to shared accountability.

WHAT WE DO

FUNCTIONS OF THE AGENCY

Article 50, of Title 27, C.R.S. (HB22-1278) directs the BHA to set standards for the behavioral health system, address access to care and system fragmentation issues, and publish transparent data reports.

Specifically, the law requires the BHA to establish the following:

- **A statewide behavioral health grievance system** that supports individuals, regardless of payer, when traditional grievance processes fail to bring individual or systemic resolution.
- **A behavioral health performance monitoring system** that provides transparency and accountability for behavioral health system expenditures and performance to ensure care quality.
- **A comprehensive behavioral health safety net system** that protects access to equitable and inclusive care for all populations across all regions of the State.
- **Regionally-based behavioral health administrative service organizations** (BHASOs) which will streamline contracting and service delivery processes, and assist Coloradans in accessing behavioral health services.
- **Licensure requirements for behavioral health entities** that will ensure care quality and accessibility while incentivizing providers to serve safety net populations.

DIVISIONS

BHA's work to accomplish the above listed functions is organized across seven divisions.

- <u>Policy & External Affairs</u> This division is responsible for policy development, legislative coordination, and rule writing and implementation. This division works closely with BHA leadership, other departments, the legislature, and the Governor's Office to develop, implement, and respond to legislative inquiries. Policy and external affairs is also the leader on the Universal Contracting Provisions, the comprehensive rule rewrite in collaboration with the Quality and Standards Division, and communications to the public.
- <u>Finance</u> The finance division is responsible for budget development, accounting, grant management, contracts and procurement management, and payment analysis and reform. This team works closely with all other divisions to help execute contracts, monitor program budgets, issue requests for proposal and other procurement tools, support hiring through budget and funding decisions, ensure compliance with state and federal fiscal guidelines, engage in fiscal audits, as well as submit grant applications and reports. This team is key to preparing and developing the BHA's annual budget request as well as analyzing legislation for fiscal impacts. In the upcoming years, the fiscal team will focus on multi-payer fiscal policy and utilization trends, as well as making recommendations to changes in policy and payment arrangements to promote improved access and quality.
- <u>Quality and Standards</u> This division is the main point for all issues related to behavioral health service quality. This division oversees critical aspects related to licensing, involuntary commitment, the safety net, clinical quality, and grievances. Staff in this division travel to providers to ensure compliance with state rules and regulations. A critical function of this

division is promoting the use of clinical best practices and regulatory compliance. The Quality and Standards Division is also responsible for ensuring stakeholder engagement in the rule promulgation process.

- Health Information Technology This division enables and sustains changes to Colorado's behavioral health technology ecosystem that support an overall behavioral health system that provides people-first behavioral health services in Colorado that are accessible, meaningful, and trusted. Enabling and sustaining consistently high-quality and responsive technology product delivery that is aligned with the needs of the people of Colorado requires mature, modern technology practices.
- Statewide Programs, Technical Support, & Innovation The Statewide Programs Division oversees all of the community-based behavioral health programs. This includes the new teams for workforce development (WFD); care coordination (CC); clinical services for adult treatment and recovery (ATR) programs; child, youth, and family (CYF) behavioral health programs; and the criminal justice (CJ) services. The professionals in this division serve as subject matter experts and provide technical assistance to promote evidence based programming and support agencies and providers.
- Strategy, Planning & Engagement This division serves as the access point for interagency collaboration and community engagement. This division is also the leader on promoting behavioral health equity for the BHA and instilling this value and practice throughout the BHA's cross-agency work and community engagement. This team ensures that local and consumer perspectives are elevated and well represented in future state policy, as well as ensures that there is cohesive collaborative strategy development and implementation across the many agencies that interact with the behavioral health system. This division also supports the Behavioral Health Administration Advisory Council, and the Behavioral Health Planning and Advisory Council.
- Behavioral Health Analytics, Epidemiology & Evaluation This division applies a broad range of knowledge and analytical skills to rapidly integrate, create, and share data and findings between multiple sources to ensure leadership, external stakeholders, and the public have access to accurate and timely information and data to achieve objectives. To date the BHAEE team has developed a framework to help assess access to care in Colorado, and will ultimately be responsible for the development and management of data-driven performance measures across the entire system.

BUDGET

The BHA's work is supported by a handful of funding streams, including the state general fund, federal block grant funds, federal grant monies, and cash funds.

The BHA manages and operates a variety of statewide behavioral health services:

- Mental health center contracts that support 18 community mental health centers and clinics across Colorado for the delivery of mental health services;
- Managed service organization (MSO) contracts that support the provision of substance use disorder treatment and detoxification services;
- Administrative services organization (ASOs) contracts that support walk-in crisis centers, crisis stabilization centers, and respite and mobile crisis services in the contractor's region.
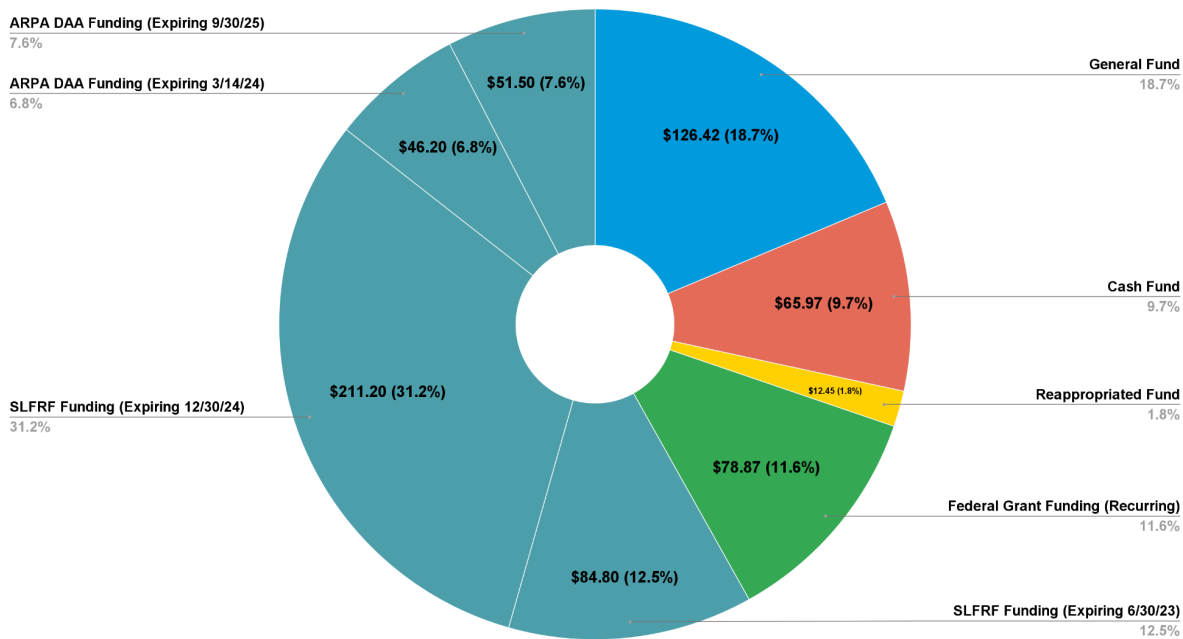
- The BHA also manages other contracts for targeted services and populations.

In FY 2020-21 general funds made up more than half of BHA funding. In FY 2021-22 the agency received $84.8 million in federal stimulus dollars from Coronavirus State and Local Fiscal Recovery Funds (SLFRF) and $97.7 million in federal direct-to-agency mental health and substance use block grant stimulus funding. FY 2022-23 included an additional $211.2 million in one-time SLFRF stimulus funding.

The BHA's work is also supported by the Marijuana Tax Cash Fund (MTCF), Alcohol and Drug Driving Safety Program (ADDS), transfers from the Judicial Department from the Correctional Treatment Cash Fund, the Persistent Drunk Driver Cash Fund, and Medicaid funds. In addition to recent stimulus monies, the bulk of federal funds comes from the Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and the State Opioid Response grant.

An illustrative overview of the BHA budget is shown in the below chart:

Total Funding ($M)

- ARPA DAA Funding (Expiring 9/30/25) 7.6% — $51.50 (7.6%)
- ARPA DAA Funding (Expiring 3/14/24) 6.8% — $46.20 (6.8%)
- General Fund 18.7% — $126.42 (18.7%)
- Cash Fund 9.7% — $65.97 (9.7%)
- Reappropriated Fund 1.8% — $12.45 (1.8%)
- Federal Grant Funding (Recurring) 11.6% — $78.87 (11.6%)
- SLFRF Funding (Expiring 6/30/23) 12.5% — $84.80 (12.5%)
- SLFRF Funding (Expiring 12/30/24) 31.2% — $211.20 (31.2%)

MAJOR BHA INITIATIVES AND PLAN

In 2022 the BHA laid out the first annual [Behavioral Health Plan](#) which included four strategic priorities representing the agency's work to turn the BHTF's 19 recommendations for reform into actionable items. These priorities included hiring, developing a network of accessible care, collaborating across state agencies, and improving care quality. Each of these continue to sustain the BHA's work on system reform, and ultimate priority of ensuring people in Colorado can access the care they need.

PERFORMANCE MEASURES FOR THE AGENCY

As the BHA makes progress on establishing these programs and operational objectives, the entity will set forth performance measures to capture the outcomes of these various workstreams.

Build network of quality, accessible care - The following workstreams are conducted in service of the BHA's mission to build a network of accessible mental health care for all Coloradans.

- CARE COORDINATION INFRASTRUCTURE
  - FIRST STEPS:
    - Ownpath Launch: In July 2022, the BHA launched this searchable online directory that enables people to find behavioral health providers and services, or use a guided search to identify providers or resources that best meet their needs.
    - Community Assessment Toolkit: In conjunction with the announcement of grant opportunities, BHA launched the community assessment toolkit in the fall of 2022 to help applicants understand their strengths, needs, and gaps.
  - NEXT STEPS:
    - Emergency Department Care Navigation (1/1/24): The BHA must implement processes and procedures to comply with requirements to provide care navigation services to persons under involuntary mental health holds who are determined to need ongoing services.
    - Care Navigation for Certifications (7/1/24): The BHA must implement processes and procedures to comply with requirements to provide care coordination services to persons under court-ordered involuntary mental health certifications.
- TRAINING
  - NEXT STEPS:
    - Learning Management System: The BHA is building a behavioral health learning platform to serve the needs of various service providers, including offerings like training certification and modules on supporting justice-involved people; competencies in mental health & substance use disorder treatment; telehealth

competencies; and best practices for serving and supporting individuals with co-occurring needs.
- 27-65 Training (ASAP): State law requires the BHA to develop training materials and deliver training to intervening professionals and certified peace officers on proper protocols associated with 27-65 holds. BHA has filled 2 FTE positions associated with this work and is in the process of hiring 2 more. These new hires are currently preparing to deliver trainings, with an expectation that pilot training sessions will begin in October 2023, with a full roll-out of available training in January of 2024.
- Training Navigators (7/1/24): The BHA will be training new and existing care navigators on the behavioral health safety net system and behavioral health service delivery procedures.

- SYSTEMS CREATION AND MONITORING
    - FIRST STEPS:
        - ARPA Grant Awards: In May 2023, the BHA released more than $130 million in grants across four programs including Substance Use Workforce Stability Grants, Children, Youth, Family Services Grants, Community Investment Grants, and the Criminal Justice Early Intervention Grant Program.

        - Access to Care Methodology: The BHA has completed a framework to assess access to care across Colorado (see WIG #2 below).

    - NEXT STEPS:
        - Behavioral Health Entity Licensing: On January 1, 2024, the behavioral health entity license will transfer from the Department Public Health and Environment to the BHA. In addition to the transfer of this community-based mental health license, substance use disorder services will also be included in the BHE license to create a true behavioral health licensing structure in Colorado.
        - Safety net provider funding model (1/1/24): The BHA is targeting January 2024 for the introduction of financing models that will incent the expansion of a sustainable safety net of providers.
        - Statewide Grievance System (7/1/2024): The BHA is required to launch a statewide grievance system that will collect, analyze and address system concerns.
        - BHASO launch (7/1/25): Following a statutory delay of the BHASO launch date, the BHA will take time to release a request for information (RFI) to help inform the development of the BHASO model, and a subsequent request for proposals (RFP) in which BHA will outline clear expectations for interested contractors. This process will be supported by a significant stakeholdering process.

The above work to establish a system that serves all Coloradans is supported by the agency's collaboration across state agencies.

Collaboration across state agencies - The following actions highlight how the BHA is working collaboratively with state agencies to build a comprehensive, effective behavioral health system.

- FIRST STEPS
    - Formal Agreements: The BHA, in collaboration with state agencies and tribal governments, will establish written agreements that provide structure and expectations for how behavioral health programs are implemented across state agencies and tribal governments.
        - The BHA has executed 16 of 17 formal agreements with other state agencies, divisions, and offices.
    - Mobile Crisis Benefit: The BHA and the Department of Health Care Policy and Financing (HCPF) collaborated to adopt new mobile crisis response standards based on federal statute and practice guidance in order for the State to be eligible for federal matching funds.
        - [New standards and funding](#) take effect July 1, 2023.
    - Universal Contracting Provisions: The BHA and the Department of Health Care Policy and Financing worked closely to develop standard behavioral health contract language covering various topics (provisions).
        - Universal contracting provisions will be developed by July 1, 2023 with the provisions being piloted in state contracts during FY2024-25.
- NEXT STEPS
    - After establishing the accessibility of safety net services, the BHA will seek to collaborate with the Division of Insurance and other state agencies that administer behavioral health programs to ensure alignment with the behavioral health continuum of care, behavioral health safety-net services, and care coordination standards created by the BHA.

THE BHA'S MOST RECENT PERFORMANCE EVALUATION

In July 2022, the BHA set forth its first inaugural Wildly Important Goals (WIGs) to guide the establishment of the new agency and its work to deliver upon the directives of the legislature. WIGs that correspond to the BHA's ongoing work will be created by new permanent leadership.

WIG 1: Operationalize the BHA

Part 1: Release BHA Strategic plan and prioritized key actions through 2024

Outcome: In January 2023, BHA released a [strategic plan](#) outlining key priorities for the next three years. The plan explains the BHA's creation, how the BHA works, priorities and key

strategies, desired outcomes, and a visual roadmap representing how the BHA will achieve behavioral health care reform in Colorado.

Part 2: BHA will work with counties to assess behavioral health system gaps by region; will monitor progress on promulgation of rules aimed at improving behavioral health service delivery; and will track progress and begin reporting on meeting regional behavioral health service needs, starting in FY24.

Outcome: Generally, this work will be assumed by the Behavioral Health Administrative Service Organization (BHASO) contractors. As the BHA begins work to develop those contracts, the BHA will conduct extensive outreach to ensure the work managed by those contractors meets the needs of all people in Colorado.

Lead Measure #1	Launch Advisory Council by 10/1/22	✔	The BHAAC members were appointed by the BHA Commissioner in July 2022.
Lead Measure #2	Release a criminal Justice Work Plan by 1/31/23	✔	"Partnering for Success" was released in October 2022.
Lead Measure #3	Publish Online Care Directory by 8/31/23	✔	"OwnPath" launched in July 2022.
Lead Measure #4	Launch Cabinet interagency governance council by 10/1/22	✔	The Interagency Council has been meeting since August 2022.
Lead Measure #5	Develop Behavioral Health Entity (BHE) rules by 7/31/23		The BHE rules have been statutorily delayed to January 2024.

This progress is also reflected on the Governor's Dashboard:

Operationalize the BHA	Improve Behavioral Health Access

Wildly Important Goal:

Release the Behavioral Health Administration (BHA) strategic plan, including vision, mission, values, and prioritized key actions through 2024, by January 31, 2023.
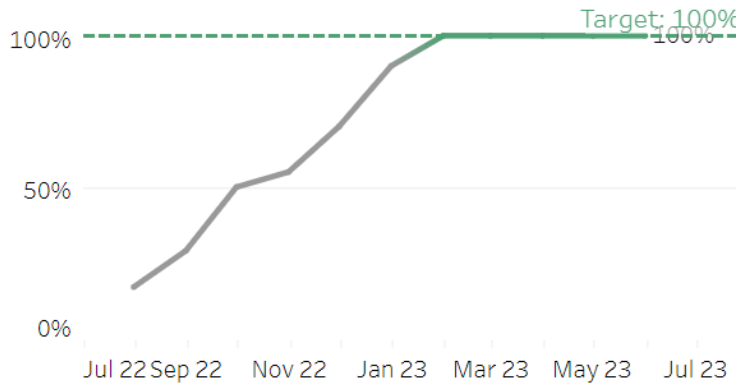
WIG 2: Improve Behavioral Health Access

Implement access to care methodology for the safety net system and publicly report on baseline access metrics by June 30, 2023.

Outcome: The BHA contracted for the development of a framework to assist in the measurement of access to mental health and substance use treatment across Colorado. The framework includes standard definitions of data elements and measures on key access to care metrics. The BHA will use it as a tool to help improve accountability through reporting data that informs continuous evaluation and analytical insights.

Lead Measure #1	Assess metric feasibility and identify metrics for which data are available by 12/1/22	✔
Lead Measure #2	Establish baseline for available metrics by 6/30/23	✔
Lead Measure #3	Assess knowledge gaps and collection methodology for each metric	✔

This progress is also reflected on the Governor's Dashboard:

Improve Behavioral Health Access

Wildly Important Goal:

Implement access to care methodology for safety net system and publicly report on baseline access metrics by June 30, 2023
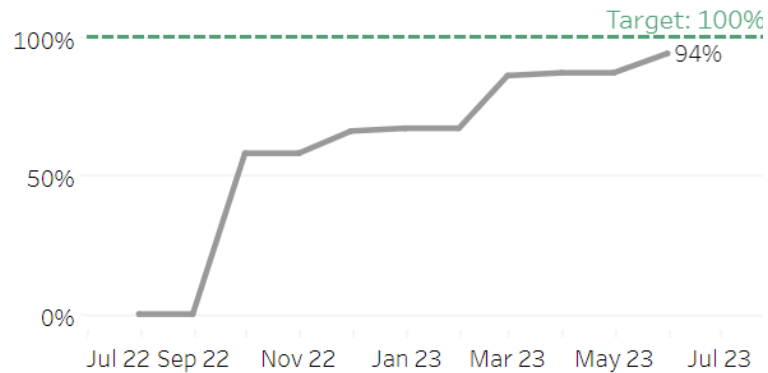
WIG 3: Workforce Development

Develop recommended strategies to address the behavioral health workforce shortage by September 1, 2022. As part of the Workforce Strategic Plan, the BHA will implement 5 of the initiatives outlined in the behavioral health workforce report by June 30, 2023.

Outcome: In September 2022, BHA released **Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership**, which outlines a series of strategic initiatives designed to increase the number of individuals serving in the behavioral health workforce.

Lead Measure #1	Establish an interagency agreement with the Colorado Department of Labor and Employment to support behavioral health apprenticeship opportunities by 6/30/23	X	After further discussion with the Department of Labor and Employment, it was recommended to disburse these funds via more general Work-Based Learning grant opportunities.
Lead Measure #2	Open retention grants for employers to address specific behavioral health workforce challenges by 1/31/23	✔	The grant is in the next iteration of the evaluation cycle. The award announcement date is scheduled for early July 2023.
Lead Measure #3	Develop three training topics that will be included in the launch of	X	LMS Branding is expected to be complete in July 2023. Unforeseen contract issues have

	the Learning Management System (LMS) by 6/30/23		resulted in a 6+ month delay to the LMS launch.
Lead Measure #4	Develop a strategy to increase peer support professionals by 1/31/23	✔	*Investing in the Peer Support Workforce: Lived Experience and Whole-Person Care for Colorado*, details the allocation of $5.9 million to strengthen the peer support specialist workforce. These one-time funds focus on creating sustainable growth and quality improvements in the peer support field.
Lead Measure #5	Launch career development grants by 6/30/23	✔	The career pipeline development grant applications are being accepted through early July 2023.

This progress is also reflected on the Governor's Dashboard:

| Operationalize the BHA | Improve Behavioral Health Access | **Workforce Development** |

Wildly Important Goal:

Develop recommended strategies to address the behavioral health workforce shortage by September 1, 2022. As part of the Workforce Strategic Plan, the BHA will implement 5 of the initiatives outlined in the behavioral health workforce report by June 30, 2023.

ⓘ

Successful completion of this goal will prepare the behavioral health workforce to provide culturally appropriate services that meet the needs of Coloradans from diverse backgrounds, including training on justice-involved individuals, individuals with disabilities, trauma-informed care, and Native American health.