

Behavioral Health Administration

FY 2023-24 Budget Request

Schedule 5: Line Item to Statute

(5) BEHAVIORAL HEALTH ADMINISTRATION, (A) Community Behavioral Health Administration

Program Administration	Provides funding for salaries, benefits, professional and temporary contract services and operating costs for the direct and indirect costs of the Behavioral Health Administration.	26-1-201, C.R.S. (2022); 27-50-101, et seq., C.R.S. (2022); 27-60-101, et seq., C.R.S. (2022); 27-66-101, et seq., C.R.S. (2022); 27-80-101, et seq., C.R.S. (2022); 27-80-201, et seq., C.R.S. (2022); 27-81-101, et seq., C.R.S. (2022); 27-82-201, et seq., C.R.S. (2022); 39-28.8-501, C.R.S. (2022)
Behavioral Health Capacity Tracking System	Funding to establish a centralized, web-based behavioral health capacity tracking system to track bed space use and availability at behavioral health facilities.	27-60-104.5 C.R.S (2022).

(5) BEHAVIORAL HEALTH ADMINISTRATION, (B) Community-based Mental Health Services

Mental Health Community Programs	The Mental Health Community Programs line item provides funding for the services delivered in the public mental health system. The contracts that the BHA enters into with approved behavioral health service providers require the provision of emergency, inpatient, partial hospitalization, outpatient, along with consultative and educational services across age categories. As part of this service array, the approved behavioral health contractors provide a variety of services, which are primarily outpatient services to uninsured/underinsured individuals across the state. As part of the State’s Behavioral Health “safety net” approved behavioral health contractors also utilize funding from other State funding sources, such as Medicaid payments, made on behalf of individuals enrolled in Regional Accountable Entities (RAEs). This line item funds vital mental health center services that are not covered by Medicaid, private insurance, Vocational Rehabilitation or other funding sources that includes employment related services and costs, housing supports, treatment facility infrastructure, workforce development (staff training, recruitment/retention initiatives), wrap around services/costs, peer services and other needed services. This line item also includes costs that are funded by the SAMHSA Mental Health Services Grant and the SAMHSA Homeless PATH Grant. Services include Behavioral Health Planning Council expenses, mental health advocacy contracts, mental health engagement and outreach services for the homeless or at risk of homelessness population and other community mental health initiatives and services. This line item supports funding for school-based mental health specialist.	27-65-101, et seq., C.R.S. (2022); 27-66-101, et seq., C.R.S. (2022);
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<p>Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes</p>	<p>The Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes line item supports intensive outpatient case management services for severe and persistent mental health disorders. Assertive Community Treatment (ACT) is an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness through CMHCs. The ACT model includes a community based multidisciplinary team that conducts outreach and engagement with clients with risk factors such as criminal justice involvement, homelessness and serious mental illness. These teams provide the treatment, rehabilitation, and support services that adults with serious mental illnesses need to live successfully in the community. This line item also supports alternative placements for people who would otherwise require hospitalization at one of the State's two mental health institutes. Services include, but are not limited to inpatient hospitalization capacity, Acute Treatment Unit capacity, residential treatment capacity, medication, medication administration, intensive therapy/case management, mentoring services, and other services to improve the patient's level of functioning to enhance his or her success in the community. Funding covers services for clients who are not eligible for Medicaid and services that are not covered by Medicaid for Medicaid-eligible clients (e.g., residential room and board expenses).</p>	<p>27-65-111 C.R.S (2022); 27-66-101, et seq., C.R.S. (2022)</p>
<p>Mental Health Services for Juvenile and Adult Offenders</p>	<p>The Mental Health Services for Juvenile and Adult Offenders line item was originally funded with tobacco litigation settlement moneys and was created to provide funding for Centers to provide co-responder, case management services, wrap-around services, medications, and treatment services for juvenile and adult offenders with mental health and substance use disorders who are involved in the criminal justice system. Mental Health Services for Juvenile and Adult Offenders were refinanced with Marijuana Tax Cash Fund dollars. In FY 2017-18 the appropriations were increased to expand services Statewide to all CMHC's.</p>	<p>27-66-104 (4), C.R.S. (2022); 39-28.8-501 (1), C.R.S. (2022)</p>
<p>Children And Youth Mental Health Treatment Act (CYMHTA)</p>	<p>Child and Youth Mental Health Treatment Act (CYMHTA), which allows families to access community residential, intensive community based services that are an alternative to residential treatment, and post residential transitional treatment services for their child without requiring a dependency and neglect action, when there is no child abuse or neglect. The funding covers the cost of treatment that is not paid by private insurance, Medicaid, Supplemental Security Income (SSI) benefits, and a sliding scale parental fee based on the Child Support Guidelines. For community based treatment services, costs are covered by the Act and a parental fee not to exceed 50% of the residential parental fee.</p>	<p>27-67-101, et seq., C.R.S. (2022); 39-28.8-501 (1), C.R.S. (2022)</p>

Family First Prevention Services Act	The Family First Prevention Services Act line item was established in 2020. Changes Related to Federal Family First Policy requires an independent assessment from a qualified individual within 30 days for any child placed in a Qualified Residential Treatment Program (QRTP). The Behavioral Health Administration (BHA) has received federal approval to procure and oversee the assessment process for the Office of Children, Youth, and Families as it relates to assessment requirements pursuant to Family First.	27-60-113 C.R.S (2022); 19-1-115, C.R.S. (2022); 26-1-132 C.R.S. (2022); 26-5-104 C.R.S. (2022); 26-5-102 C.R.S. (2022); 19-3-208 C.R.S. (2022)
Behavioral Health Vouchers	This program line requires that the BHA will award a contract to a non-profit licensed behavioral health-care provider that has completed training on cultural competencies specific to Colorado agriculture and rural community lifestyle to provide direct behavioral health-care services to farmers, ranchers, farm and their families and underserved populations in rural and agricultural communities.	27-60-110, C.R.S. (2022)
Veteran Suicide Prevention Pilot Program	The BHA shall establish a veteran suicide prevention pilot program (pilot program) to reduce the suicide rate and suicidal ideation among veterans by providing no-cost, stigma-free, confidential, and effective behavioral health treatment for up to 700 veterans and their families in El Paso County.	27-50-801 C.R.S (2022); 26-1-142, C.R.S. (2022)

Temporary Youth Mental Health Services Program	In FY 2022-23 H.B. 22-1243 established the “School Security and School Behavioral Health Services Funding” program to launch the Temporary Youth Mental Health Services Program also known as the “I Matter” program to include bi-annual reporting requirements and additional appropriations of \$6 million until June 30, 2024. The \$6 million in additional funds will come from the behavioral and mental health cash fund to the Department of Human Services.	27-60-109 C.R.S. (2022)
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(5) BEHAVIORAL HEALTH ADMINISTRATION, (C) Substance Use Treatment and Prevention Services

Treatment and Detoxification Programs	The Behavioral Health Administration (BHA) provides detoxification and substance use treatment services via contracts with four Managed Service Organizations (MSO) over seven geographical areas across the State. Each of the MSO subcontract with local community providers to provide substance use treatment services and non-hospital withdrawal management services necessary to protect the client and public health and safety and ensure that substance use treatment services are available across the State. The intent of the BHA treatment contracts is to purchase coordinated and comprehensive services for specific low-income populations of highest priority to the State and federal governments, as well as for clients outside the specific priority populations. The required basic treatment services in the Treatment Contracts are withdrawal management, outpatient opioid and synthetic opioid replacement treatment, individual, group and family outpatient therapy, intensive outpatient therapy, transitional residential treatment, therapeutic community and intensive residential treatment.	16-11.5-102, C.R.S. (2022); 27-80-101, et seq., C.R.S. (2022); 27-81-101, et seq., C.R.S. (2022); 27-82-201, et seq., C.R.S. (2022); 18-19-103 (5) (c) and (d), C.R.S. (2022); 39-28.8-501, C.R.S. (2022)
Increasing Access to Effective Substance Use Disorder Services	This statute provides the funding for substance use disorder services. Managed Service Organizations (MSOs) provide treatment services for substance use disorders. It also required MSOs to assess the sufficiency of substance use disorder services in its geographic region, and to prepare a community action plan to address the most critical service gaps. . In FY 2021-22, S.B. 21-137 increased this line item by \$10,000,000 with a two fiscal year appropriation ending June 30, 2023.	27-80-107.5, C.R.S. (2022); 39-28.8-501 (2)(b)(IV)(C), C.R.S. (2022)
Prevention Programs	The Prevention Programs line item provides young people, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse, and prevent the illegal and inappropriate use of alcohol, tobacco and other drugs. Types of services include mentoring, tutoring, life skills training, parenting training, creative arts, education/resource centers, DUI prevention programs and employee assistance programs.	18-13-122 (18), C.R.S. (2022); 24-35-507, C.R.S. (2022); 27-80-101, et seq., C.R.S. (2022); 27-81-101, et seq., C.R.S. (2017; 27-82-101, et seq., C.R.S. (2022); 44-30-1509 (2)(d), C.R.S. (2022)

Community Prevention and Treatment Programs	The Community Prevention and Treatment Programs line item allows for the allocation of tobacco litigation settlement funds to the BHA to purchase additional community prevention and treatment services. The law requires 25% of the funds to be targeted for prevention services and 75% for treatment services. Community Prevention and Treatment programs include: Persistent Drunk Driver (PDD), and Law Enforcement Assistance Fund (LEAF). In 2009, Rural Alcohol and Substance Abuse Prevention and Treatment Program, Program funding sources include: Substance Abuse Block Grant Funds, penalty surcharges on convictions of driving under the influence (DUI), driving while ability impaired (DWAI), habitual user of controlled substances, and underage drinking and driving (UDD) and other related offenses.	27-80-106, C.R.S. (2022); 39-28.8-501 (1), C.R.S. (2022); 42-3-303, C.R.S. (2022); 42-3-303, C.R.S. (2022); 43-4-402 (2) (a) and 43-4-404 (3), C.R.S. (2022); 27-80-109, C.R.S. (2022); 27-80-117 C.R.S. (2022)
Housing Assistance for Individuals with a Substance Use Disorder	This program line funds the Housing Assistance Program. This program provides temporary financial housing assistance to individuals with substance use disorders (SUD) who have no supportive housing options when the individual is: transitioning out of a residential treatment setting and into recovery or receiving treatment for an individual's SUD.	27-80-125, C.R.S. (2022)
Offender Services	Offender Services are intended to reduce recidivism among adult offenders, age eighteen years or older, who have been unsuccessful in community treatment for drug and alcohol abuse and continue to commit offenses. Short-Term Intensive Residential Remediation and Treatment (STIRRT) includes two weeks of intensive residential treatment followed up by nine months of outpatient continuing care. The evidence-based practice is often implemented as a diversion to incarceration.	16-11.5-102, C.R.S. (2022); 27-80-101, et seq., C.R.S. (2022); 27-81-101, et seq., C.R.S. (2022); 27-82-101, et seq., C.R.S. (2022); 18-19-103 (5) (c) and (d), C.R.S. (2022)
Recovery Residence Certification Program	Funds are used to assist Recovery Residences obtain the required certification to operate in Colorado and receive referrals from health-care providers or health-care facilities for individuals in need of recovery support services.	27-80-126, C.R.S. (2022)
High Risk Pregnant Women Program	The High Risk Pregnant Women Program provides health care and treatment for women and their children who are at risk of poor birth outcomes due to maternal substance use disorders. Low-income pregnant women, regardless of Medicaid eligibility, may receive these services from designated treatment providers throughout the State.	27-80-103 and 27-80-112 through 116, C.R.S. (2022)
Managed Service Organization Regional Evaluations	This program line requires managed service organizations (MSOs) to evaluate the existing supply and demand for medication-assisted treatment (MAT), other withdrawal management treatments, and the provision of recovery services. The BHA will contract for the evaluation at a cost of \$100,000 for each of the seven MSO regions in FY 2022-23.	27-80-107.7 C.R.S (2022)
Fentanyl Education Program	The BHA is required to develop a fentanyl education program for the purpose of sections. The program includes information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose. The BHA may update the fentanyl education program curriculum as necessary.	27-80-128 C.R.S (2022); 18-1.3-510 C.R.S (2022); 18-1.3-410 C.R.S; 18-1-117 C.R.S (2022)

Study on Health Effects of Criminal Penalties	This statute creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program in the Department of Human Services (CDHS) to support community responses to behavioral health crises and mitigate individuals' involvement in the criminal justice system related to behavioral health needs. The statute creates a grant review committee, specifies on how grant awards may be used, establishes parameters for eligible entities, and requires CDHS to share information about the 988 crisis hotline. CDHS shall review and award grants in collaboration with the Department of Public Safety (CDPS). The statute allocates \$50.7 million from the Behavioral and Mental Health Cash Fund for the program. CDHS must report on the program to the legislature each year. The program repeals after the last report, in January 2027.	27-60-101, et seq., C.R.S. (2022)
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(5) BEHAVIORAL HEALTH ADMINISTRATION, (D) Integrated Behavioral Health Services

Behavioral Health Crisis Response System Services	This line funds an array of services that provide the foundation for the statewide behavioral health crisis response system. The services are available to individuals regardless of their ability to pay. The specific components of the crisis response system include: walk-in services and crisis stabilization units; mobile crisis services and units that have the ability to initiate a response in a timely fashion; and residential and respite crisis services.	27-60-103 (1) (b) (II), (III) and (IV), C.R.S. (2022); 27-60-104, C.R.S. (2022)
Behavioral Health Crisis Response System Secure Transportation Pilot Program	The purpose of the pilot is to assess the feasibility of alternative transportation options for individuals on mental health holds and quantify the ability of secure transportation to offset the use of law enforcement and ambulances. In addition, the pilot study will document the experience of individuals transported, the needs of law enforcement including the volume of law enforcement transports, alternatives to law enforcement transports, and statutory or regulatory areas that could be changed to improve transportation in a crisis situation.	27-60-104 (7) C.R.S. (2022).
Behavioral Health Crisis Response System Telephone Hotline	A twenty-four hour telephone crisis services hotline for the statewide behavioral health crisis response system.	27-60-103 (1) (b) (I), C.R.S. (2022); 44-30-1509 (2)(d), C.R.S. (2022)
Behavioral Health Crisis Response System Public Information Campaign	The Behavioral Health Crisis Response System Public Information Campaign line item funds a public information campaign to increase awareness of the statewide behavioral health crisis response system.	27-60-103 (1) (b) (V), C.R.S. (2022)
Community Transition Services	This program line provides services to aid customers in their transition from Mental Health Institutes to community services. This line item funds an array of intensive behavioral health and wrap-around services that support individuals who are either transitioning from the Mental Health Institutes back to the community or require more intensive services in the community to help avoid institutional placement.	27-66-101, et seq., C.R.S. (2022)
Criminal Justice Diversion Programs	This line item supports Department personnel and operating costs along with contractual dollars to support multiple local partnerships between law enforcement and behavioral health service providers to: expand pre-booking criminal justice diversion, increase access to co-responder models, and implement harm reduction training for law enforcement agencies. Additionally, this line item provides funding for an evaluation contractor to measure the effectiveness of the co-responder pilot programs.	27-60-106.5, C.R.S. (2022)

Jail-based Behavioral Health Services	The Jail-based Behavioral Health Services line funds screening and treatment of substance abuse or co-occurring disorders of adult offenders who are: on diversion; on probation; on parole; in community corrections; or in jail. Over 40 county sheriff departments have partnered with community providers to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release. Most programs have at a minimum a clinician position to screen, assess and treat clients in the jail and a case manager position dedicated to transitional care and seamless re-entry in treatment services in the community. Additional services may include telehealth capacity, medication purchasing costs and support with health information exchange. In 2018 this line item received additional funding for “Jail-Based Behavioral Health” and “Actions Related to Competency to Proceed.”. In FY 2021-22, S.B. 21-137 increased this line item by \$5,000,000 with a two fiscal year appropriation ending June 30, 2023.	18-19-103 (5) (c) and (d) (V), C.R.S. (2022); 27-60-105 (6) C.R.S. (2022); 27-60-106, C.R.S. (2022)
Circle Program And Other Rural Treatment Programs For People With Co-occurring Disorders	The Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders line item provides funding for the Circle programs that serves adults who suffer from co-occurring disorders (mental illness and substance abuse). Additionally, this line funds a full continuum of co-occurring behavioral health services in southern Colorado and the Arkansas Valley for the adolescent and adult indigent population.	27-66-101, et seq., C.R.S. (2022); 27-80-101, et seq., C.R.S. (2022); 27-81-101, et seq., C.R.S. (2022)
Recovery Support Services Grant Program	Through S.B. 21-137 funding, the RSS grant program will provide grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder.	27-80-126, C.R.S. (2022)
988 Crisis Hotline	This program line creates the 988 Crisis Hotline Enterprise to fund the 988 Crisis Hotline which will be operated by a non-profit organization. The enterprise is and operates as a government-owned business within the BHA for the business purpose of imposing charges and utilizing the charges’ revenue to fund the 988 crisis hotline and provide crisis outreach, stabilization, and acute care to individuals calling the 988 crisis hotline.	27-64-101 C.R.S (2022)
Medication Consistency and Health Information Exchange	This program line implements recommendations from the task force concerning the treatment of persons with mental health disorders in the criminal and juvenile justice systems and the medication consistency work group of the Behavioral Health Transformation Council to promote increased medication consistency for persons with mental health disorders in the criminal and juvenile justice systems. This program includes working with the State’s Health Information Exchanges (HIE) to allow jail clinical staff access historical medical information, improve workflow efficiencies in the jail setting, promote a standardized psychotropic medication formulary, maintain consistency across providers, and encourages participation in a cooperative purchasing agreement that qualifies jails to receive medications at a reduced cost as they buy in bulk.	27-70-101, et seq., C.R.S. (2022)

Land-based Tribe Behavioral Health Grant Program	This program line creates the Colorado Land-based Tribe Behavioral Health Services Grant Program and appropriates \$5 million to fund the renovation or construction of a behavioral health facility and improve behavioral health services for the Southern Ute Indian tribe, the Ute Mountain Ute tribe, or any authorized department, division, or affiliate are eligible for grant funding.	27-60-114, C.R.S (2022)
Behavioral Health-Care Continuum Gap Grant Program	This program line creates the Community Behavioral Health-Care Continuum Gap Grant Program to be administered by the BHA and appropriates \$75 million from the Behavioral and Mental Health Cash Fund to the grant program. The BHA shall award \$35 million for community investment grants and \$40 million for children, youth, and family services grants. Grants may be awarded to nonprofit and community-based organizations as well as local governments that identify a source of contributing funds or non-financial contributions. The BHA shall develop a behavioral health-care services assessment tool that grant applicants can use to identify regional gaps in services on the behavioral health-care service continuum.	27-60-501 et seq., C.R.S. (2022)
Substance Use Workforce Stability Grant Program	BHA administered Substance Use Workforce Stability Grant Program to be awarded to support direct care staff who spend 50 percent or more of their time working with clients. The program appropriation is from the Behavioral and Mental Health Cash Fund.	27-60-206, C.R.S. (2022)
Substance Use Residential Treatment Beds for Adolescents	On and after July 1, 2023, the BHA is responsible for licensing mental health home- and community-based waiver residential facilities. The BHA is required to promulgate rules establishing minimum standards for the operation and licensing of mental health residential facilities.	27-71-105 C.R.S (2022)
Health Needs of Persons in Criminal Justice System	This program line creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program in the Department of Human Services (CDHS) to support community responses to behavioral health crises and mitigate individuals' involvement in the criminal justice system related to behavioral health needs. The bill allocates \$50.7 million from the Behavioral and Mental Health Cash Fund for the program.	27-60-401 et seq., C.R.S. (2022)
Care Coordination Infrastructure	This program line requires the BHA to develop a statewide care coordination infrastructure to drive accountability and more effective behavioral health navigation to care that builds upon and collaborates with existing care coordination services. The infrastructure must include a website and mobile application that serves as a centralized gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support.	27-60-204 C.R.S. (2022)
Development and Implementation of Behavioral Health-Care Provider Workforce Plan	The BHA workforce plan is required to include development and implementation of recruitment methods, strategies to aid publicly funded behavioral health providers, and address regulatory changes to reduce barriers.	27-60-302(2) C.R.S (2022)
Strategies to Strengthen Behavioral Health-Care Provider Workforce	The BHA shall develop strategies to strengthen Colorado's current behavioral health-care provider workforce pursuant to 27-60-303(3), C.R.S.	27-60-303 (3) C.R.S. (2022).

Behavioral Health-Care Educational Program	This project will build an innovative behavioral health learning nexus with the University of Colorado that will become the definitive source connecting people and knowledge across the state. This project will increase the capacity and skills of providers through the learning platform and will help provide culturally responsive care and better serve individuals with complex needs. This training will be accessible by first responders, law enforcement, and other allied health roles to ensure that the people of Colorado receive culturally competent behavioral health care at all junctions of life. The outcome of this project will build a diverse and equitable behavioral health workforce that creates better access to behavioral health services for all Coloradans at each stage of life.	27-60-302(5), C.R.S. (2022)
Peer Support Professionals	The BHA shall use the appropriations to help people achieve their recovery goals through shared understanding, respect, and empowerment. Peer support professionals provide nonclinical support services that align with recommendations from the substance abuse and mental health services administration of the United States department of health and human services, including engaging individuals in peer-to-peer relationships that support healing, personal growth, life skills development, self-care, and crisis strategy development, to help achieve recovery, wellness, and life goals.	27-60-302(6), C.R.S. (2022)
Workforce Standards and Licensing Activities	Licensing, credentialing, certifications, and workforce standards will be developed and implemented across the state of Colorado for the entire array of BHA workforce classifications.	27-60-303(1), C.R.S. (2022).
Behavioral Health-Care Workforce Development Program	The purpose of the program is to increase the behavioral health-care workforce's ability to treat individuals, including youth, with severe behavioral health disorders.	27-60-112(2), C.R.S (2022)
Partnership with Department of Higher Education	The plan shall require the BHA to partner with the department of higher education to better prepare the future behavioral health-care provider workforce for public sector service, to develop paid job shadowing and internship opportunities, and to develop partnerships with organizations that can offer such opportunities.	27-60-302(3), C.R.S (2022)
Cross-system Training Certification and Training Curriculum	The BHA shall use the learning management system to implement a comprehensive, collaborative, and cross-system training certification and training curriculum of evidence-based treatment and evidence-based criminal justice approaches for behavioral health-care providers working in programs to obtain a criminal justice treatment provider endorsement. The on-line curriculum will be made available to all criminal justice agencies throughout the state.	27-60-303(2), C.R.S (2022)

(5) BEHAVIORAL HEALTH ADMINISTRATION, (E) Indirect Cost Assessment

Indirect Cost Assessment	Provides funding for departmental or statewide overhead costs by the programs in this Long Bill group.	24-75-1401, C.R.S. (2022); Colorado Fiscal Rules #8-3
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