



## Overview of the Behavioral Health Administration

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The health care system frequently distinguishes between physical and behavioral health. Physical health refers to the condition of the body. Behavioral health refers to the condition of cognitive processing systems. Behavioral health services include, among others: individual and group therapy; psychiatric care; assertive community treatment; substance use disorder services; and prevention and early intervention activities.

The Behavioral Health Administration (BHA) was formally established through House Bill 22-1278 as the single entity responsible for coordinating behavioral health services throughout the state. This *issue brief* provides an overview of behavioral health coordination before the BHA, the process of creating the BHA, and the new administration's duties.

### Administration of Behavioral Health Services Prior to House Bill 22-1278

Multiple state agencies have some connection to the behavioral health system. Prior to the passage of HB 22-1278, no one agency was responsible for system-wide coordination. Three primary agencies supported the behavioral health system.

- The Department of Human Services' (DHS) Office of Behavioral Health contracted for safety net behavioral health services, regulated certain providers and facilities, and operated the state's two mental health hospitals. As many of its functions are being transferred to the BHA, it was renamed the Office of Civil and Forensic Mental Health and its core duties will focus on operating the mental health

hospitals and providing forensic mental health services.

- The Department of Health Care Policy and Financing (HCPF) oversees income-based public insurance plans. HCPF covers behavioral health services for most of its enrollees and, as a result, is the largest purchaser of behavioral health services in the state.
- The Department of Public Health and Environment (CDPHE) licenses behavioral health facilities until the BHA assumes that responsibility by July 1, 2023.

### Task Force and BHA Legislation

In April 2019, Governor Jared Polis directed the DHS to form the Colorado Behavioral Health Task Force. The task force's charge included issuing a [report](#) detailing the state of behavioral health in Colorado and a [blueprint](#) for reform.

In response to the task force's findings, the General Assembly passed House Bill 21-1097 directing DHS to develop a plan for the creation of the Behavioral Health Administration (BHA).

In line with the approved plan, House Bill 22-1278 created the BHA to better coordinate behavioral health services across the private and public sectors and among state agencies.

## House Bill 22-1278: Behavioral Health Administration

HB 22-1278 established the BHA in the DHS, under the rulemaking authority of the State Board of Human Services. A governor-appointed commissioner will lead the BHA and may promulgate rules and take other actions to coordinate behavioral health services across the state.

**Transfer of functions.** The BHA will assume:

- most of the programs previously administered by the Office of Behavioral Health;
- the behavioral health licensing responsibilities previously performed by the CDPHE; and
- responsibility for federal behavioral health grants previously received and administered by a variety of state agencies.

**Universal contracting provisions.** To ensure that behavioral health service providers meet BHA standards and participate in data sharing, the BHA, in coordination with stakeholders, must establish universal contracting provisions by July 1, 2023.

**Regional coordination and safety net services.** By July 1, 2024, the BHA must contract with regionally based behavioral health administrative services organizations (BHASOs) to establish, administer, and maintain adequate networks of behavioral health safety net services and care coordination, each under the direction of a regional subcommittee.

Also by that date, and in collaboration with HCPF and the CDPHE, the BHA must establish a behavioral health safety net system to ensure access to services for children, youth, and adults, including proactive engagement of low-income, high behavioral health needs populations.

**Statewide grievance system.** By July 1, 2024, the BHA must create a behavioral health grievance system to address grievances across payers, BHASOs, managed care entities, and providers and publish an annual grievance report. To

facilitate this process, the BHA is required to execute formal data sharing agreements with, at a minimum, HCPF, the CDPHE, and the Child Protection Ombudsman.

**Performance standards and monitoring.** By July 1, 2024, the BHA will develop a set of performance standards for all behavioral health entities. The standards, updated regularly, will seek to coordinate care across all provider types in order to create a safety net system that ensures that all Coloradans can be promptly treated by an appropriate behavioral health provider. These standards will be enforced through updated licensing requirements and an updated universal contract.

After July 1, 2024, the BHA will regularly update the licensing requirements, universal contract, public accountability platform, and performance standards, and take any additional steps necessary to ensure that all Coloradans have access to behavioral health services.

**Reporting requirements.** The BHA is required to submit a report on the [Behavioral Health System Plan](#) beginning October 1, 2022, and as part of its SMART Act hearing in subsequent years.

### Additional Resources

The BHA has a [website](#) that details its current programs and a [newsletter](#) that updates subscribers on any program announcements.

In addition to HB 22-1278, the General Assembly passed several other bills during the 2022 legislative session in response to the task force's findings. A summary of that legislation can be found [here](#).