COLORADO
Behavioral Health Administration

Strengthening the Behavioral Health Workforce in Colorado: **An Approach to Community Partnership**

SEPTEMBER 2022

September 1, 2022

To the People of Colorado:

There is urgency in this moment. According to the Centers for Disease Control and Prevention, approximately one-third of adults in our state reported symptoms of anxiety or depression in July 2022[1]. Increased rates of drug poisoning or overdose deaths further elevate the declared behavioral health emergency not only in Colorado, but nationally[2]. Our youth are not exempt: data from Healthy Kids Colorado shows that nearly 40% of high school students reported feeling sad or hopeless; 7% of youth have attempted suicide. Additionally, we are emerging from the acute stages of a traumatic pandemic that continues to impact medically vulnerable populations. We are being called to support the behavioral health needs of our communities as we, collectively, process our experiences from the pandemic. As directed in Senate Bill 22-181, we are responding to this call by co-creating a people-first behavioral health system that meets the needs of all people in Colorado.

This behavioral health workforce strategic plan represents a multifaceted approach to ensuring a high-quality, diverse, and culturally responsive workforce. Through the implementation of the strategies outlined in this plan, Colorado will expand and strengthen its workforce to better serve children, youth, and adults seeking treatment for a range of behavioral health needs. Effective expansion of the State's behavioral health workforce also necessitates building a trusted and accessible workforce that has increased competency and humility to appropriately support historically excluded and structurally marginalized populations.

The Behavioral Health Administration believes all people deserve whole-person health. We seek to collaborate across state agencies and across communities to do what is best for the people of Colorado. This strategic plan represents the input and innovation of multiple State agencies and community partners. It is the first step in a transformative, thoughtful, and networked effort to build out an exceptional and supported behavioral health workforce.

Sincerely,

Morgan M. Medlock, MD, MDiv, MPH
Commissioner, Colorado Behavioral Health Administration

CONTENTS

EXECUTIVE SUMMARY 1
Introduction 3
CONTEXT 5
OVERVIEW 7
Situational Analysis 9
A Competitive Hiring Landscape 11
Impact of COVID-19 12
ALIGNED INITIATIVES 15
Partnerships & Collaboration 17
Behavioral Health Incentive Program 18
Substance Use Workforce Stability Grant Program 18
Building Digital Equity and Inclusion 18
PRIORITIZED PROJECTS 21
Expanding Peer Support and Piloting a Behavioral Health Aide Model 24
Paid Internships & Pre-licensure Stipends 26
Career Pipeline Development Grants 27
Behavioral Health Learning Academy 27
Behavioral Health Apprenticeships 29
Innovative Retention Grants & Recruitment Strategies for Behavioral Health Employers 30
Community Engagement and Promotion of Workforce Opportunities 31
BHA Workforce Development Program Efforts 31
CONCLUSION 33
A Sustainable Vision 35
Appendices 36
Acronyms and Abbreviations 36
Behavioral Health Workforce Development Initiative Funding 37
Funding Summary 38
Definitions 41
Works Cited 42

SEPTEMBER 2022

EXECUTIVE SUMMARY

An Approach to
Community Partnership

COLORADO
Behavioral Health
Administration

Introduction

In 2022, the Colorado General Assembly passed Senate Bill 22-181, allocating one-time federal stimulus funding to strengthen the behavioral health workforce serving individuals at every life stage, including pregnant and parenting people, infants, children and older adults throughout the state. The Behavioral Health Administration (BHA) has developed a plan that will improve access to care (including for rural, frontier, and priority populations), strengthen the career pipeline and publicly funded behavioral health providers, remove barriers for those entering the field, and reduce administrative burdens that impede people-centered care within the current workforce. Addressing the access needs in behavioral health requires concerted efforts to attract and retain a culturally competent workforce and new ways to accelerate training and entry into behavioral health careers. The BHA recognizes the importance of high-quality training and certification to ensure that the workforce can meet the needs of the people of Colorado, and highlights the need for trauma-informed, culturally humble, and radically innovative behavioral health care across all levels of providers as well as cross-system training for first responders, law enforcement, and other key roles. This strategic plan focuses on efforts that will take place over the next two years to increase the number of individuals in the behavioral health workforce within the State of Colorado. These efforts aim to address areas of high demand, promote behavioral health equity, foster broader diversity within the workforce, and expand access to services in rural and frontier areas. The plan addresses identified training needs such as cultural competency, co-occurring disabilities, and trauma-responsive care; along with professional development, and career pathways, including tiered certification for entry-level positions and paraprofessional roles.

The strategic initiatives discussed in this report include the following:

- Expanding the peer support professional workforce
- Piloting a behavioral health aide program
- Pre-licensure stipends and paid internships
- Career pipeline development grants
- Behavioral health apprenticeships
- Developing a robust learning community
- Retention grants for behavioral health employers
- Innovative recruitment strategies
- Community engagement
- Workforce development research, data analysis & policy development

The initiatives set in motion by this plan will continue to be monitored, evaluated, and shaped by feedback from community leaders, behavioral health professionals, direction from the Governor's Office, collaboration with other state agencies, and through final authorization by the General Assembly.

> ***Collectively, the objective of these initiatives is for every person in Colorado to have improved and more reliable access to equitable, high-quality behavioral health care at every stage of life through a strengthened and expanded behavioral health workforce.***

OUR PURPOSE

All people in Colorado deserve to experience whole person health

OUR VISION

Behavioral health services in Colorado are accessible, meaningful, and trusted

OUR MISSION

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

OUR VALUES

TRUTH: Being transparent and accurate when addressing the people of Colorado

EQUITY: Naming root causes of injustices and allocating 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

SEPTEMBER 2022

CONTEXT

An Approach to Community Partnership

At the BHA, we are dedicated to building a comprehensive, equitable, and effective behavioral health system for all people in Colorado. We recognize that the backbone of this system is made up of people - namely, a skilled, diverse, compassionate workforce that is able to respond to all levels of need across the entire lifespan, in every corner of our state. The BHA, therefore, is prioritizing workforce development and will continue to build a comprehensive and sustainable approach, which includes the strategies outlined in this plan. This plan represents one piece of the BHA's overarching workforce development vision and responds directly to the requirements in and one-time funding allocated from SB22-181.

In addition, while this plan is intended to provide an initial framework and identify priorities in response to SB22-181, the BHA recognizes that there are still many aspects that need to be co-designed with our stakeholders and the communities we serve. This includes, for some of the listed projects, more detailed quantitative goals and targeted outcomes. This plan is the first step of an iterative process, with the details continuing to be refined through on-going collaboration.

COLORADO
Behavioral Health Administration

SEPTEMBER 2022

OVERVIEW

An Approach to
Community Partnership

COLORADO
Behavioral Health
Administration

Situational Analysis

The BHA is fortunate to have a wealth of robust stakeholder recommendations to inform the development of these behavioral healthcare workforce initiatives. In particular, the December 2021 Stakeholder Recommendations to Address the Behavioral Health Workforce Shortage report and the January 2022 Behavioral Health Transformational Taskforce Report were among the foundational documents for the creation of this strategic plan[3,4].

Federal stimulus funding offers a once-in-a-lifetime opportunity for systemic change aimed at improving the quality of and access to behavioral health services for all people in Colorado. Based on the legislative imperatives in SB 22-181, this strategic plan focuses on innovative and sustainable efforts that will lead to measurable, positive outcomes in equity, accessibility, and quality of care. Priority populations identified within SB 22-181 include people experiencing homelessness; people involved with the criminal justice system; people of color; American Indians and Alaska Natives; veterans; people who are lesbian, gay, bisexual, transgender, or queer or questioning; older adults; children and families; people with a substance use disorder; and people with disabilities, including people who are deaf and hard of hearing, people who are blind or deafblind, people with brain injuries, people with intellectual and developmental disabilities, and people with other co-occurring disabilities. The BHA will continue to work with the Behavioral Health Administration Advisory Council (BHAAC) and other stakeholder groups to further identify and develop connections with historically excluded groups.

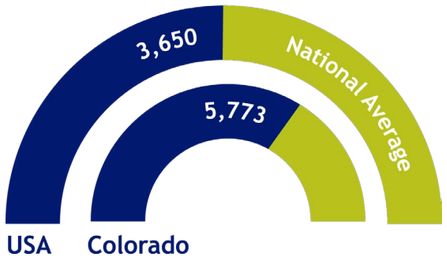
Throughout Colorado, behavioral health job growth is projected to steadily increase over the next 10 years (LMI Gateway 2020). The current behavioral health workforce is not adequately meeting the needs of Coloradans, as is evidenced by the lack of accessible encounters in designated Substance Use Disorder Health Professional Shortage Areas (CDPHE 2020). Workforce data indicate a need for providers that reflect the populations served - for example, it is estimated that over 81% of the behavioral health workforce identifies as White (Lightcast Industry Snapshot Report 2022). Expanding access by addressing structural barriers to entering the workforce, supporting providers of diverse backgrounds, and those serving rural and frontier communities, improving telehealth capability and competency, along with continuing to identify other populations (e.g., income groups, insurance status, race/ethnicity among others) in need of further services, will strengthen outcomes across the state.

While the intent is to create long-term change through addressing systems, practices, and structures, workforce development does not exist in a vacuum. Anecdotally, employers are reporting that staff members are leaving behavioral health jobs for higher-paying jobs in fast food, retail, and comparable entry-level roles. Wages for those working in the behavioral health workforce and reimbursement by payers lag behind comparable industries, relative to education level and career point. Rising cost of living, including housing, add extra layers of difficulty in attracting and retaining key talent, especially in certain geographic areas of the state. An increasingly tight labor market means that, in addition to these one-time funding initiatives, attention must be paid to longer-term strategy and investment to elevate behavioral health job quality, recruit and retain talent, and develop an ecosystem where behavioral health professionals at every level can thrive. As such, this plan will focus on creating quality jobs in behavioral health and working with current behavioral health employers to improve the quality of existing jobs. While wage parity is outside the scope of this legislation, it is a key barrier in hiring and retention. The Behavioral Health Administration Workforce Development team is charged in SB 22-181 with identifying barriers and formulating solutions through policy recommendations, regulatory changes, and stakeholder engagement.

> ***Acknowledging that both short-term and longer-term strategic initiatives will be necessary to create a robust workforce well into the future, a key focus in the strategies outlined here is sustainability - an effort to identify and launch efforts that are best positioned to meet immediate workforce needs while creating a foundation for ongoing improvement and growth.***

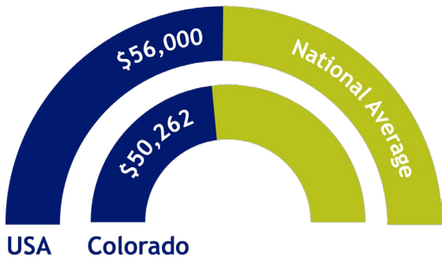
A COMPETITIVE HIRING LANDSCAPE

Supply (Jobs)



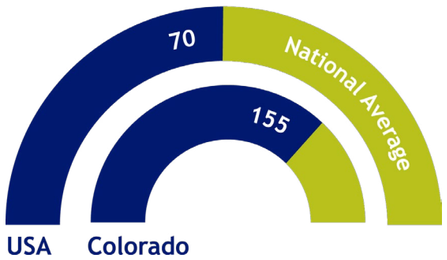
Colorado is a hotspot for this kind of talent. The national average for an area this size is 3,650 employees, while there are 5,773 here.

Earnings Per Job



Earnings per job are below the national average. The national average salary for Offices of Mental Health Practitioners (except Physicians) in an area this size is $56,000, while in Colorado it is $50,262. Earnings per job is the total industry earnings divided by the number of jobs in the industry.

Demand (Job Postings)



Competition from online job postings is high in Colorado. The national average for an area this size is 70 job postings/mo, while there are 155 here.

Trends in Colorado mental health practitioner (except physicians) workforce data as of August 2022. Data on the total number of jobs, average job earnings, and job demand pulled from Lightcast Industry Snapshot report.

IMPACT OF COVID-19

During the COVID-19 pandemic, communities, families, and individuals were confronted with profound challenges, leading to a range of emotional and behavioral responses that represent an acceleration of trends observed prior to 2020. The COVID-19 pandemic triggered a surge in behavioral health concerns nationwide resulting from social isolation, essential worker burnout, mass loss of life, disruption to standard mental health services, loss of traditional support services and systems such as those available through schools, restricted access to in-person assistance, and more[5,6]. According to CDC's Household Pulse survey, approximately one in three adults in Colorado had symptoms of anxiety or depressive disorder in June 2022[1]. This proportion of the adult population experiencing symptoms of anxiety or depression has been elevated since the start of the pandemic, a nationwide trend. Additionally, the most recent Healthy Kids Colorado survey emphasized the burden experienced by youth: 73.9% of transgender youth reported symptoms of depression, as compared to 38.6% of cisgender peers[7]. 26% of transgender youth reported having attempted suicide, as compared to 7% of cisgender peers[7].

> ***The pandemic has threatened the safety, health and economic stability of families through increased substance use, death by suicide and parental loss.***

During the pandemic, Colorado has seen our highest year over year increase in opioid overdose deaths[8]. Provisional data indicate that Colorado experienced a significant increase (22.87%) in the overall reported number of drug overdose deaths between January 2020 and January 2022[8]. More than 140,000 children in the United States lost a primary and/or secondary caregiver to COVID-19, with youth of color disproportionately impacted. The estimated risk of the loss of a parent or grandparent caregiver is 1.1 to 4.5 times higher among children of racial and ethnic minority groups compared with White children[9]. Finally, in 2020, Colorado had the 7th highest suicide-associated death rate in the nation, with 25.1 suicide associated deaths per 100,000 residents[10]. The impact of these behavioral health crises is felt not only by the individuals experiencing these challenges, but by the families and loved ones left behind.

The pandemic also exacerbated disparities in access to services, as well as challenges faced by the behavioral health workforce. Despite innovations that served to increase access, such as telehealth opportunities and expansion of clinical supervision via virtual models allowing individuals to more safely receive therapeutic services, historically underserved populations experienced

further reductions in access to behavioral health services. In particular, those who were most impacted included those without reliable internet service, those impacted by transportation disruptions, permanent closure of in-person services not easily replicated online, and limited access to safe and supportive environments. Further, the inequities that result from structural racism - such as persistent disparities in access to health care, employment, wages, housing, income, and poverty which all contribute to greater susceptibility to the virus and economic impacts - have contributed to the disproportionate impacts of the pandemic on communities of color[11].

> ***In response to these inequities, the BHA has developed a strategy that will include thoughtful plans that aim to meet the intersectional needs of diverse communities in Colorado.***

SEPTEMBER 2022

ALIGNED INITIATIVES

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COLORADO
Behavioral Health
Administration

PARTNERSHIPS & COLLABORATION

In addition to BHA-sponsored projects, SB 22-181 allocated funds to the Colorado Department of Higher Education (CDHE) and the Colorado Community College System (CCCS) to grow the behavioral health workforce. The BHA is working closely with these partner agencies and others to align our efforts in building out career pathways, increasing talent pipelines, recruiting and developing individuals in rural and frontier areas, and expanding access to behavioral health education and credentialing.

These partnerships, which represent both existing and new efforts, will allow Colorado to grow the capacity of providers to serve intersectional populations and increase diversity among those providing such vital care. The Colorado Healthcare Service Corps (CHSC) also received funding to increase contracts with behavioral health clinicians who agree to practice in state-designated health professional shortage areas for a period of at least three years.

The BHA is working closely with the Colorado Department of Regulatory Affairs (DORA) and the Colorado Department of Health Care Policy & Financing (HCPF) to identify regulatory, policy, and procedural barriers at various stages of an individual's career path, which can limit a clinician's time and resources to provide services. The BHA will convene a task force to examine potential barriers in the licensing and certification processes, including interstate portability of licensure for clinicians coming from outside Colorado.

This work will also include commissioning a study exploring migration of clinical talent out of state or leaving the profession, and a comparison of what is being done nationally to retain a local behavioral health workforce. An example is that since provider training is not reimbursed by public or private payers any time a provider spends training also means lost billing hours. Expanding the provider base for Medicaid members is a priority in both increasing access to services and equitably investing in a behavioral health workforce. In collaboration with state agencies and other stakeholders, the BHA will enhance support to providers through training, education, and streamlined processes to reduce administrative barriers.

The Colorado Workforce Development Council (CWDC) and the Colorado Department of Labor and Employment (CDLE) are key partners in career pathways and apprenticeships. The BHA will coordinate outreach and marketing efforts to promote all professions in the behavioral health field.

BEHAVIORAL HEALTH INCENTIVE PROGRAM

In Senate Bill 21-137, $9 million in federal stimulus funding was allocated to create the Behavioral Health Incentive program. The purpose of the program is to support individuals, including youth, with severe behavioral health disorders by increasing the behavioral health care workforce across the state. The program funds institutions with certain degree and certificate programs in behavioral health to grant scholarships to rural, frontier, and students experiencing adverse circumstances who are enrolled in these programs.

SUBSTANCE USE WORKFORCE STABILITY GRANT PROGRAM

Through House Bill 22-1281, the BHA will establish a grant program that provides $15M in funding to substance use disorder treatment and recovery support services employers to support front line employees. Supportive methods may include temporary salary increases, recruitment and retention bonuses, and other approaches. The BHA shall prioritize awarding grants to direct care providers that offer same-day or next-day appointments, serve new and expecting parents or historically-excluded populations, or intend to expand the number of individuals they serve. During the rolling grant program, BHA will closely monitor the direct provider outcomes, particularly the number of substance use providers who were supported through behavioral health workforce stability grants and the impact on substance use disorder and recovery support services direct provider retention.

BUILDING DIGITAL EQUITY AND INCLUSION

As part of the federal Infrastructure Investment and Jobs Act, $2.75 billion has been dedicated for grant programs that promote digital inclusion and equity to ensure that all individuals and communities have the skills, technology, and capacity needed to realize the full benefits of our digital economy.

Colorado will soon receive funding through the State Digital Equity Planning Grant Program, which dedicates $60 million for states and territories to develop state digital equity plans. The State Digital Capacity Grant Program will be released sometime in 2023, and will dedicate $1.44 billion to be distributed over 5 years to support the implementation of the digital equity plans developed under the Planning Grant. The Colorado Broadband Office, the Office of Future of Work in the CO Department of Labor and Employment, and the Office of eHealth Innovation are working in partnership on these grants.

Additionally, the Colorado Broadband Office is also applying for Broadband Equity, Access and Deployment (BEAD) grant funding to help expand high-speed internet access and use in Colorado, and support infrastructure deployment, mapping, and internet adoption in unserved and underserved regions.

The following priorities were identified and determined based on the appropriations within SB 22-181, recommendations from the Behavioral Health Transformational Task Force4 and Behavioral Health Workforce Taskforce3, and participatory stakeholder workgroups convened during Summer 2022. The workgroups included participants from 12 state agencies, including many participants from previous behavioral health task forces. The workgroups focused on identifying and developing actionable projects and initiatives to carry out the intention of SB 22-181 in building a diverse behavioral health workforce that creates improved access to equitable behavioral health services for all people of Colorado at each stage of life. This included identifying existing efforts that could be expanded and built upon in order to magnify their impact in ways that align with the purpose of this legislation, and developing new initiatives that will significantly impact the workforce in order to improve the behavioral health of all people in our state. The final prioritization was vetted and approved by each workgroup and a larger group of internal stakeholders, with further input and comment via public stakeholder meetings held in August 2022.

SEPTEMBER 2022

PRIORITIZED PROJECTS

An Approach to
Community Partnership

COLORADO
Behavioral Health
Administration

IN THIS SECTION, YOU WILL READ ABOUT:

Expanding Peer Support and Piloting a Behavioral Health Aide Model

Paid Internships & Pre-licensure Stipends

Career Pipeline Development Grants

Behavioral Health Learning Academy

Behavioral Health Apprenticeships

Innovative Retention Grants & Recruitment Strategies for Behavioral Health Employers

Community Engagement and Promotion of Workforce Opportunities

BHA Workforce Development Program Efforts

EXPANDING PEER SUPPORT AND PILOTING A BEHAVIORAL HEALTH AIDE MODEL

Two of the top priorities for workforce development strategy are to expand and strengthen the peer support workforce throughout the state of Colorado, and to implement and build out a sustainable behavioral health aide program. From an outcomes perspective, these programs have been shown to reduce hospitalizations and reduce costs by keeping patients healthy and engaged in treatment[12].

Each of these two initiatives are based on models that allow for tiered entry into the workforce, reducing traditional barriers and expanding the pool of prospective employees. Both peer support and behavioral health aides rely on community leaders to work as members of behavioral health care teams and support individuals in their health progress. This provides entry into the workforce for participants from populations that have historically been underutilized and underrepresented. Each one also allows for some degree of para-professionalism, where appropriate tasks can be handled by designated staff, allowing higher-credentialed staff to work at the top of their licensure. Multiple Native American tribes have had success obtaining Medicaid reimbursement for behavioral health aides which further expands their use within the workforce and increases the ability of employers to use aides in a range of functions.

A top priority in SB 22-181 is improving access to services for priority populations through partnership with community organizations. Strengthening the peer support workforce and building out a behavioral health aide workforce are crucial elements of achieving this goal. A key component of success for both the peer support and the behavioral health aide models in other states is that they are uniquely tailored to providing individuals with support within their own communities, making them especially effective in rural areas and among demographic groups that have been harmed by unequal access to healthcare services. Expanding peer support and developing a behavioral health aide program have the potential to address gaps in the treatment array, allowing interventions at the needed level of care and potentially avoiding the deterioration that requires higher levels of care outside of the local community.

It should be noted that the specifics of these models vary across states - from required qualifications to job titles and types of roles. The development of a unique system for Colorado will require additional work with relevant stakeholder groups, and should intentionally incorporate structures applicable to behavioral health generally as well as address areas of specialization and

priority needs in the state. Based on the Colorado models developed, the BHA will work with HCPF and other stakeholders to determine the potential impact on reimbursement.

One example of an individualized approach is the Certified Behavioral Health Aide program in Alaska. This model was developed to provide job opportunities in rural and frontier areas, and address significant health disparities. A Behavioral Health Aide is a counselor, health educator, and advocate that comes from and has connections to the community where they are working. Behavioral Health Aides help address individual and community-based needs related to alcohol, drug and tobacco abuse and mental health concerns such as grief, depression, suicide, and similar issues. They are members of clinical care teams and social service agencies and can work in inpatient, residential, and outpatient settings. Behavioral Health Aides help clients navigate the system, build health literacy and self efficacy, and connect culturally with clients.

The approach for designing and building out these models will be multi-pronged, including community-informed engagement and dialogue to enhance recruitment, especially among priority populations defined in statute. There is also an identified need to develop supervisor and trainer talent pipelines, which will be facilitated through this initiative, along with career counseling/advising to assist individuals in maximizing their career options in the field and support long-term success. Throughout the development process for both peers and behavioral health aides, the utmost consideration will be given to expanding access into the workforce and addressing barriers to entry or career progression.

"Other states with large rural and frontier communities have created a concerted statewide plan for training and expanding the workforce, and this has been proven effective. An example is training community health workers or behavioral health aides [...] to deliver essential behavioral health services. These initiatives entail statewide and state-run training and certification, a reimbursement avenue for the paraprofessional workforce, and processes for supervision and monitoring of the workforce."

Source: 2020 Behavioral Health Needs Assessment[13]

PAID INTERNSHIPS & PRE-LICENSURE STIPENDS

SB 22-181 calls on the BHA Workforce Development team to identify barriers to sustaining a robust workforce able to meet the behavioral health needs of the people of Colorado and develop strategies to address them. One consistent barrier that has been identified is transitioning student practitioners and pre-licensure clinicians from the educational setting into full licensure. This is especially the case with prospective clinicians from economically or structurally marginalized populations, who may be more likely to experience financial hardship in completing requirements such as internships and pre-licensure clinical hours, or have additional circumstances that create barriers to completion, such as adequate transportation, child care needs, or financial necessity to maintain other employment, to name a few.

In coordination with partners in higher education, funding will be allocated to qualified individuals to support the completion of internships and pre-licensure requirements. Schools will be responsible for determining eligibility based on criteria established jointly between the BHA, CDHE, and community representatives. Priority will be given based on financial need and internships that serve populations defined in SB 22-181. An example might include an internship stipend for a first-generation college student who needs assistance with child care and transportation in order to complete a mandatory internship, which may be unpaid or low-paid, forcing the student to choose between continuing on a career path or supporting themselves and family members. These funds will be allocated through higher education so that they can be appropriately braided with other funding streams and subsidies without jeopardizing other financial aid or causing unnecessary tax burdens.

Two primary parameters will guide this effort: a) providing support to students from historically excluded communities as outlined in SB 22-181, and b) prioritizing students who are completing internships and pre-licensure training in settings that serve people with adverse life experiences. These areas of focus will assist in developing a more diverse workforce and supporting earlier entry into the behavioral health field for those who serve high-risk communities. This approach aligns closely with recommendations from the Dec. 2021 behavioral health workforce report[3].

CAREER PIPELINE DEVELOPMENT GRANTS

One of the challenges across workforce development is creating strong career pipelines at multiple stages of the career lifecycle. In an increasingly competitive workforce, it is imperative that individuals have access to early, positive experiences, including accurate information and resources to guide them into behavioral health career paths, beginning in the K-12 space.

Colorado is fortunate to have community partners who are doing incredible work in building these pipelines, including direct work with young people of color, first-generation students, and other populations critical to building out greater diversity within the workforce. Funding allocated in SB 22-181 will allow for grant funds so that these partner organizations can create greater capacity, expand to rural and frontier areas, and develop more sustainable programs over the long-term. Priority will be given to programs that utilize a whole-person approach, include appropriate wrap-around services (family support, mental health services, access to community assistance), and have a demonstrated history of successfully integrating new participants into the workforce.

BEHAVIORAL HEALTH LEARNING ACADEMY

As part of the newly formed BHA goals to improve behavioral health services across the state and in alignment with Senate Bill 19-222 to create a Behavioral Health Safety Net and Senate Bill 21-137 to address behavioral health workforce capacity, the BHA is working to develop and implement a robust learning management system to support training, coaching, consultation, community empowerment, and evaluation of behavioral health training for clinical and non-clinical providers as well as caregivers, parents, and the general public in the State of Colorado. The learning management system will be able to connect to different learning management systems across the state as well as at the federal level.

The BHA envisions a future where the people of Colorado receive equitable behavioral health care across the lifespan. To support this goal, the BHA is in the process of building an innovative behavioral health learning nexus that will become the definitive source connecting people and knowledge across Colorado. Currently, a community-centered creative process is underway to arrive at a learning platform that aims to resonate with, attract, and engage all potential learners to better respond to Colorado's behavioral health needs.

Progress has been made to identify priority learning topics to develop a robust learning community across behavioral health providers and other roles. One area of training that was prioritized across multiple stakeholder recommendation reports is structural competency and cultural humility [3,4,13,14,15,16]. The learning platform aims to increase the capacity and skills of providers to provide culturally responsive care and better serve individuals with complex needs by building the capacity of providers to view these needs through resilience-informed approaches. Through collaboration with statewide organizations, this learning academy will be accessible by community navigators, first responders, indigenous leadership, peer specialists, public guardians, law enforcement, and other allied health roles to collectively move the workforce towards the vision of a comprehensive system that provides equitable behavioral health care.

Acknowledging that the criminal justice system is currently one of the largest providers of behavioral health services, $1.9M is dedicated to developing cross-system training certification and modules on evidence-based, community-informed approaches to supporting justice-involved people or those at risk of justice involvement. There is other training planned to increase competencies in mental health & substance use disorder treatment, as well as other topic areas prioritized by the workgroup and previous task force recommendations.

Training to improve provider telehealth competencies will be developed, which will augment but not supplant in-person behavioral health services. Research supports the following competencies for behavioral health professionals in adopting digital health technologies: a) privacy, security, and patient safety; (b) digital health technical skills; (c) ethical and legal considerations; (d) clinical skills; (e) art of therapy and digital health; and (f) administrative tasks. Quality telehealth delivery is of particular importance as behavioral health providers continue to provide services via telehealth at higher rates than other health professionals. Telehealth was an emerging treatment platform prior to the pandemic. Utilization of and reliance on telehealth has increased dramatically since 2020. Nationally in April 2022, mental health diagnosis made up 64% of the total diagnoses made via telehealth, with social workers, psychiatrists, and psychologists comprising 50% of the provider types billing for telehealth services[17]. There is great potential for telehealth services to augment existing modalities and improve access to services. In order to maximize this potential benefit, training for providers is needed to ensure high quality service.

The 2021 Colorado Health Access Survey, put together by the Colorado Health Institute, documents historic shifts in health, access to care, and social and economic conditions during the COVID-19 pandemic. Over 10,000 households across Colorado were surveyed - of the 39.5% who had received telehealth services, researchers found that 79.5% said it was as good or better than being seen in person and 62.8% said they're at least somewhat likely to get telemedicine care in the future[18]. However, more than one in three people in Colorado said they're unlikely to use telemedicine in the future, often because they worry about the quality of care or fear their needs would not be addressed as effectively. As noted earlier, equitable and reliable access to the internet is critical to ensure that all individuals and communities are able to receive the full benefits of our digital economy. In addition to funding for digital equity planning, the Colorado Broadband Office is also applying for the Broadband Equity, Access and Deployment (BEAD) Grant - this grant will fund projects that help expand high-speed internet access and use in Colorado, and supports infrastructure deployment, mapping, and internet adoption. It will prioritize unserved locations (no access to 25/3 Mbps) and underserved locations (no access to 100/20 Mbps). There will be intensive coordination and resource sharing between the BEAD and Digital Equity Grants.

As part of developing this learning community, there will be collaboration with other state agencies and community partners to coordinate development of training in aligned areas where appropriate and explore opportunities to leverage existing content across agencies. An example of this coordination is the training currently in development by HCPF to develop cultural competencies inclusive of people who are deaf, hard of hearing, deaf-blind, blind, people who have intellectual or developmental disabilities, and other co-occurring disabilities. This training will include best practices for serving and supporting individuals with co-occurring needs, including trauma and resilience-informed approaches.

BEHAVIORAL HEALTH APPRENTICESHIPS

A key component of any workforce strategy is connecting employers to employees, and providing guided, on-the-job training for individuals at entry points into the workforce. The Colorado Department of Labor & Employment, Colorado Community College System, and Colorado Department of Higher Education have done a fantastic job establishing high quality apprenticeship programs throughout the state and developing relationships with key employers and educational partners. Funding allocated through SB22-181 will allow for a greater number of apprentices and employers to be served in the behavioral health field. To achieve this goal, partnerships with communities and young people who have an identified passion to explore a behavioral health career pathway will be developed. Synergies with the Division of Vocational Rehabilitation will also be explored to expand opportunities available to individuals.

INNOVATIVE RETENTION GRANTS & RECRUITMENT STRATEGIES FOR BEHAVIORAL HEALTH EMPLOYERS

SB 22-181 specifically requires intervention to address retention and burnout in the behavioral health field, a long-standing challenge that has only worsened through the COVID-19 pandemic.

> ***Through the intensive collaboration of the stakeholder workgroups in the creation of this strategic plan, one thing was abundantly clear: there is not a one-size fits all solution to the root causes of burnout and retention challenges.***

Providing employer grants to address specific challenges will a) assist in facilitating conversation and inquiry between administrators and their respective staff to identify root causes of burnout and turnover within that organization, and b) provide employers with the flexibility and freedom to fund innovative and creative solutions to address these problems. This could look like any number of solutions, depending on what the employer proposes. Expanding telehealth work opportunities, flex scheduling, child- or elder-care assistance, or subsidized transportation are just a few examples of how employers may seek to creatively retain employees.

In that same spirit of innovation and creativity, a small amount of allocated funding will be earmarked for new recruitment strategies, especially in job families with the highest vacancies. One possible example was identified in the field of nursing, where some inpatient facilities have a near-50% vacancy rate. A potential obstacle is lack of exposure to the behavioral health field along with fears and possible misperceptions about what it is like to work in the field. A creative recruitment strategy could involve creating incentivized psychiatric nursing fellowships, where current licensed nurses have the opportunity to try out the field through an immersive experience and student nurses have the option to devote additional time to the behavioral health field. Other examples may include relocation packages, international recruiting, and housing assistance.

COMMUNITY ENGAGEMENT AND PROMOTION OF WORKFORCE OPPORTUNITIES

Many key provisions of SB 22-181 require raising awareness of opportunities and needs in the behavioral health workforce. This includes strategic, community-informed recruitment efforts aimed at diversifying the workforce and inviting participation from groups that have traditionally been underrepresented. Community engagement efforts seek to also elevate the profile of career options within the behavioral health field, highlight opportunities to upskill and reskill into high-demand opportunities, and provide immediate recruitment into areas experiencing severe staffing shortages.

As part of the identified projects and priorities listed above, funding allocations will be made for appropriate engagement efforts aligned with each prioritized project. Where possible these community dialogues will be coordinated with other state agencies and relevant external partners; for example, collaborating with the Workforce Development Council to increase community knowledge of behavioral health career pathways.

BHA WORKFORCE DEVELOPMENT PROGRAM EFFORTS

A small allocation (2.4%) of funds from SB 22-181 will support the Behavioral Health Administration Workforce Development team in building a foundation for sustainable, high-impact change. Three FTE positions were included in the bill (two program managers and one data analyst). An immediate priority includes funding a part-time position to focus on research, data analysis, policy development, and project management.

The BHA Workforce Development team also intends to complete an employer needs assessment throughout the state to ensure that the Administration's workforce development strategy is aligned with employer needs at every level. Additional study of promising practices from other regions will be identified to support long-term systemic improvements in Colorado's behavioral health workforce.

The BHA team also plans to identify, research, and apply for federal funding to support further capacity-building.

> ***It is critical for the BHA to have access to timely, accurate and comprehensive data to set standards, hold all aspects of the system accountable, and inform strategic planning. SB 22-181 provides funds for data analytics and evaluation efforts that will be responsible for monitoring, evaluating, enhancing accountability, and learning from these initiatives.***

Coordination with other state agencies will be critical to avoid redundant or burdensome data collection, address discrepancies, and establish sustainable ways to use data to inform strategic direction.

CONCLUSION

An Approach to
Community Partnership

COLORADO
Behavioral Health
Administration

A Sustainable Vision

A core element of the BHA's strategy to co-create a people-first behavioral health system that meets the needs of all people in Colorado is to prioritize and invest in the workforce. The initiatives proposed here will contribute to not only increasing capacity within the behavioral health workforce, but to also addressing areas of high demand, promoting behavioral health equity, and fostering greater diversity within the workforce.

Thoughtful, community-informed implementation of this workforce strategy will create change that is sustainable and meaningful in future generations. A strong, vibrant behavioral health workforce is crucial to providing high-quality, timely, equitable services to all people of Colorado. Moreover, the execution and implementation of these initiatives will strengthen existing state partnerships as well as introduce new pathways for community collaboration. Taken together, these investments will lead to an expanded and equipped behavioral health workforce that is trusted and supported to meet the needs of the people of our state.

Pikes Peak No Pathway Home Participant Pursues Behavioral Health Career

"Since my release, [...] I am currently in training with Seven Cedars to get my CAT (Certified Addiction Technician) which is made possible from Pathway Home. I also am in school obtaining my bachelor's in human services. I have been able to have a stable place to stay as well as maintain a full-time job with Springs Recovery Connection and Diversus Health as a peer recovery coach. The help from Pathway Home has allowed me to focus on my recovery and integration without having to stress and worry about food, clothing, or shelter. I am sure without this program I would not have been as successful in my reentry into society."

Pathway Home Participant
WPU Customer Success Story - June 2022 Pathway Home Training, Supportive Services, Career Services Justice-involved Individual

APPENDICES

- Acknowledgments
- Acronyms
- Behavioral Health Workforce Development Initiative Funding
- Definitions
- Works Cited

The BHA sincerely extends its gratitude to the following agencies that provided their subject matter expertise during the development of this strategic plan:

- Colorado Department of Early Childhood
- Colorado Department of Health Care Policy & Financing
- Colorado Department of Higher Education
- Colorado Department of Human Services
- Colorado Department of Labor & Employment
- Colorado Department of Public Health & Environment
- Colorado Department of Regulatory Affairs
- Colorado Workforce Development Council
- Governor's Office
- Judicial Department
- Lieutenant Governor's Office
- Colorado Community College System

ACRONYMS AND ABBREVIATIONS

BHA	Behavioral Health Administration
CCCS	Colorado Community College System
CDHE	Colorado Department of Higher Education
CDHS	Colorado Department of Human Services
CDLE	Colorado Department of Labor and Employment
CDPHE	Colorado Department of Public Health and Environment
CHSC	Colorado Health Service Corps
CWDC	Colorado Workforce Development Council
DORA	Colorado Department of Regulatory Affairs
HCPF	Colorado Department of Health Care Policy & Financing

BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT INITIATIVE FUNDING

Of the $72 million allocated in SB 22-181, approximately $36 million is appropriated to be used for a multitude of broad behavioral health workforce development initiatives as described in the bill.

> ***The main priorities were broken down and blended into smaller discrete projects, and each of these prioritized projects has the estimated amount of funding allocated. The allocated amounts represent total amounts projected for the period of July 1, 2022 through December 30, 2024.***

Through SB22-181, the Colorado Healthcare Service Corps received $20M in funding to increase contracts with behavioral health clinicians who agree to practice in state-designated health professional shortage areas for a period of at least three years. Additionally, $15,193,018 is appropriated to CDHE to support programming at the community colleges and occupational education state system community colleges.

As each of these initiatives begin to be implemented, spending will be closely monitored and may be reallocated based upon usage and re-prioritization that may occur through on-going stakeholder feedback and outcomes monitoring.

FUNDING SUMMARY

Peer Support Professionals

Allocation	Projects	BHA Partners
$2,000,000	Promote the profession and increase peer certification	BHA will engage with key stakeholder organizations during implementation. State agencies (such as CDA, CDLE, CDPHE, or DORA) will be engaged as appropriate.
$3,928,337	**Development and expansion of peer support programs for specific populations:** • Children, youth, & families • Rural/agricultural mental health and suicide prevention • Substance use disorder prevention • Communities of color and indigenous populations • LGBTQ populations	
$5,928,337	**Total**	

Behavioral Health Aide Program Development

Allocation	Projects	BHA Partners
$1,742,660	Development of behavioral health aide model: operational structure, standards, career pathways, job alignment, training, certification requirements	CDPHE, DORA, HCPF, CCCS, CDHE
$1,992,659	Marketing and recruitment, including scholarships and stipends for individual certification	CDHE, CCCS
$3,735,319	**Total**	

Paid Internships & Pre-licensure Stipends		
Allocation	**Projects**	**BHA Partners**
$6,000,000	Funding internship and pre-licensure stipends	CDHE
$6,000,000	**Total**	

Career Pipeline Development Grants		
Allocation	**Projects**	**BHA Partners**
$7,900,000	Grants for career pipeline projects	External partners
$7,900,000	**Total**	

Behavioral Health Learning Academy		
Allocation	**Projects**	**BHA Partners**
$2,928,337	Funding internship and pre-licensure stipends	State agencies and community partners
$1,928,337	Development of a criminal justice provider endorsement and behavioral health training for law enforcement and first responders	Judicial Dept, CDPS, CDPHE
$4,856,674	**Total**	

Behavioral Health Apprenticeships		
Allocation	**Projects**	**BHA Partners**
$1,000,000	Behavioral health apprenticeships	CDLE
$1,000,000	**Total**	

Innovative Recruitment Strategies & Retention Grants for Behavioral Health Employers		
Allocation	**Projects**	**BHA Partners**
$4,500,000	Retention grants to employers	Colorado behavioral health employers
$4,500,000	**Total**	

Community Engagement and Promotion of Workforce Opportunities		
Allocation	**Projects**	**BHA Partners**
$2,000,000	Marketing, promotion of the profession, outreach	Community Organizations, CDLE, CWDC, CCCS, CDHE, CDHS, CDE
$2,000,000	**Total**	

BHA Workforce Development Program Efforts		
Allocation	**Projects**	**BHA Partners**
$120,000	Workforce Development internships	The BHA Workforce Development team will be overseeing these efforts.
$100,000	Employer needs assessment	
$80,000	Grant writing and research	
$573,306	Program administration (3.0 FTE)	
$886,606	**Total**	

DEFINITIONS

Behavioral health: An individual's mental and emotional well-being development and actions that affect his/her overall wellness. Behavioral health problems and disorders include substance use disorders, serious psychological distress, suicidal ideation, capacity to establish constructive relationships and cope with the ordinary demands and stresses of life, and other mental health disorders. Problems ranging from unhealthy stress or subclinical conditions to diagnosable and treatable diseases are included.

Diversity: The state of being diverse; variety. The practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.

Equitable Access: The right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, disability, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

Equity: Ensures that outcomes in the conditions of well-being are improved for marginalized groups, lifting outcomes for all. Equity is a measure of justice.

Inclusion: The act or practice of including and accommodating people who have historically been excluded (because of their race, ethnicity, gender, socioeconomic status, sexual orientation, disability, or geographical location).

Peer: Someone who shares the experience of living with a psychiatric disorder and/or addiction. Peers offer their unique lived experience with mental health conditions to provide support focused on advocacy, education, mentoring, and motivation.

Peer Support: The process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer supporters "offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people."

Social Identity: An individual's social identity indicates who they are in terms of the groups to which they belong. Social identity groups are usually defined by some physical, social, and mental characteristics of individuals. Examples of social identities are race/ethnicity, gender, gender identity, social class/socioeconomic status, sexual orientation, (dis)abilities, and religion/religious beliefs. These groups can be divided further into dominant culture groups and subordinate or marginalized cultural groups.

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