# System of Care (SOC) G.A. v Bimestefer Settlement

### JBC Presentation on Workforce Capacity

March 18, 2025

Presented by:

Kelly Causey, Deputy Commissioner, BHA
Robert Werthwein, Senior Advisor for Behavioral Health and Access, HCPF





# **Kempe Center History**

#### Background:

• OBH contracted with Kempe to develop a High Fidelity Wraparound (HFW) model and train Wrap Facilitators, Supervisors, Family Support Partners, and coaches in line with the model

#### Accomplishments

- Limited HFW workforce that is delivering services today, and will receive expedited NWIC training
- Entry level trainings for BHA Learning Management System
- Lessons learned informed the launch of new statewide model

#### Why a new model?

- A national model (NWIC) proven to be successful at scale
- Builds sustainable workforce and aligned service delivery across payors
- Braiding of BHA (600K) and HCPF funds; collaborative process





System of Care Workforce

Why SOC? Better outcomes for kids and families:

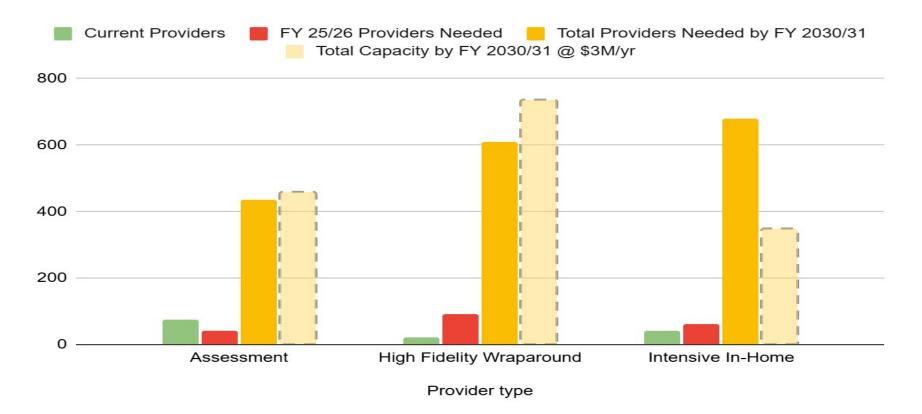
- Reduced time in institutions;
- Reduced child welfare and juvenile justice involvement;
- Improved youth and caregiver mental health;
- Reduced overall cost to the system.

High Fidelity Wraparound Coordinators In-Home Treatment Teams

Certified Assessors



#### Workforce Needed for FY 2026 and FY 2031







### **How B10 Achieves State Goals**

#### Increase the number of certified providers of billable intensive in-home BH services

- Recruit, train, and support behavioral health providers through an in person and existing Online Learning System
- Purchase evidence-based curriculum for ongoing use
- Use of physical space, infrastructure, coordination across higher education programs (indirect costs)

#### Reduce provider cost and administrative burden for training

- Pay providers for their time in training, no loss of revenue
- Center staff to operate center activities, training oversight, and manage all infrastructure and technology

#### Connect funding efforts and appropriate rates with SOC workforce capacity efforts

- Certify and track providers, credentialing for all payers (Medicaid, BHA, CDHS, potential commercial)
- Colorado-specific elements of certification, contracting, and policy
- Recruit providers that reflect state needs: focus on rural, unlicensed & entry level positions, BHA pipeline

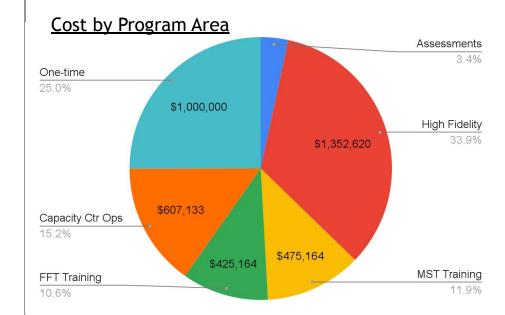




### What is in the cost

#### <u>Cost by Function</u> (rounded to nearest ten-thousand)

- Online Learning System cost (\$60k)
- Certification and tracking of providers (\$220k)
- Provider time to complete training (\$280k)
- Contractor staff to manage capacity center (\$320k)
- Purchase evidence-based curriculum (\$350k)
- Develop Colorado-specific training program (\$600k)
- Capacity center staff to train providers statewide (\$500k)
- Estimated 30% indirect costs charged by university (\$610k)
- Costs in Year 1 only: (\$1M rough estimate)
  - Infrastructure development
  - Physical space



#### WORKFORCE CAPACITY CENTER

#### **Certification/Credentialing**

This work will require new provider types or an expansion of skill sets of existing provider types that require an agency to certify qualifications of providers.

#### Training / TA

Some provider types require to be trained in order to deliver services in the proper manner.

#### **Fidelity Monitoring**

For certain services to be effective, they require fidelity to the model, an agency will need to sample and ensure fidelity.

## **Contract Management**

Create and manage contracts with proprietary organizations for evidence based models.

# **Curriculum Development**

Work with state on developing or enhancing necessary curriculum.



