COLORADO
Department of Regulatory Agencies
Division of Insurance

Health & Insurance Committee
House of Representatives
Colorado General Assembly
200 East Colfax, Room 307
Denver, Colorado 80203

Public & Behavioral Health Care & Human Services Committee
House of Representatives
Colorado General Assembly
200 East Colfax, Room 307
Denver, Colorado 80203

Health & Human Services Committee
Colorado State Senate
Colorado General Assembly
200 East Colfax
Denver, Colorado 80203

June 1, 2023

Dear Representatives and Senators,

Access to high quality, affordable, and culturally-responsive mental health, behavioral health, and substance use disorder (SUD) services remains an urgent need throughout Colorado communities and is further heightened by the increasing cost of care and coverage, stigma, and barriers around insurance literacy. Under the leadership of Governor Polis, the Colorado Division of Insurance (Division), part of the Department of Regulatory Agencies, continues to make progress in its efforts to ensure that Colorado consumers have access to quality and affordable behavioral health care with their private insurance coverage. We are pleased to share this report that highlights our activities to implement the Behavioral Health Care Coverage Modernization Act and enforce mental health parity in the private insurance market in Colorado.

Pursuant to §10-16-147 C.R.S., this report addresses the methodology used to evaluate health insurance carrier compliance with mental health parity laws and regulations, market conduct examination activities, and corrective actions taken to protect Colorado consumers. In addition to these statutory requirements, it summarizes other Division activities undertaken in the last year to increase public education and awareness related to mental health parity and to expand the Division's ability to support consumers in accessing such care.

Thank you for the opportunity to share with you our efforts to enforce mental health parity. Please do not hesitate to contact me should you have questions or comments about the information contained in this report.

Sincerely,

Michael Conway
Commissioner of Insurance

COLORADO

Department of Regulatory Agencies

Division of Insurance

Mental Health Parity: Implementation and Enforcement by the Colorado Division of Insurance

Presented to the Health and Insurance Committee and the Public & Behavioral Health and Human Services Committee of the Colorado House of Representatives and the Health and Human Services Committee of the Colorado State Senate, in accordance with §10-16-147 C.R.S.

June 1, 2023

Table of Contents

Introduction

The Colorado Division of Insurance welcomes the opportunity to share with the Public & Behavioral Health and Human Services and Health and Insurance Committees of the Colorado State House of Representatives and the Health and Human Services Committee of the Colorado State Senate, a summary and update of its activities related to HB19-1269, the Behavioral Health Care Coverage Modernization Act, which addresses issues related to mental health parity and coverage of mental health, behavioral health, and substance use disorder (SUD) services. This report responds to private health insurance and the Division of Insurance's (the Division) implementation activities in the Act's fourth year of implementation, which occurred from June 1, 2022, through May 31, 2023. The previous reports, which summarize the Division's mental health parity activities from the Act's effective date of May 16, 2019 through May 31, 2022, can be found on the Division's website here.

As required by §10-16-147 C.R.S., this report discusses the methodology used and rules promulgated to verify health insurance carrier compliance with State and federal mental health parity laws, market conduct examination activities, and educational and corrective actions taken during the preceding twelve months. In addition to these statutory reporting requirements, this report summarizes other Division behavioral health strategies implemented in the last year to increase access to quality, affordable, and culturally-competent care.

The Act also requires the Division to provide a report to the specific legislative committees no later than December 1, 2022 regarding the effect of the Act's implementation on commercial insurance premiums in the individual (coverage not from an employer), small group (coverage through an employer with less than 100 employees), large group (coverage through an employer with 100 or more employees), and student health plan (coverage provided through a higher education institution in contract with a carrier) markets. The Premium Impact Report showed almost no impact of the legislation on premiums and can be found here.

The 2021 Colorado Health Access Survey (CHAS) indicates that there is a significant insurance literacy gap – of those with insurance, 36.6% did not think their insurance would cover behavioral health care. It also indicates that nearly one (1) in four (4) Coloradans ages five (5) and older said they had eight (8) or more days of poor mental health in the past month, much higher than the 15.3% recorded by the CHAS in 2019. Further, 58% of LGBTQ+ adults had eight or more days of poor mental health in the past month compared with 25.2% of adults who identified as heterosexual or cisgender. The CHAS also found that more than 1.4 million people ages five (5) and older spoke to their doctor or a mental health professional about their mental health in 2021, and about 957,000 people ages 5 and older anticipated that they will need behavioral health services in the next year. The CHAS also indicated that 80,000 Coloradans didn't get needed substance use disorder treatment, which may include medication assisted treatment (MAT), in 2021, and stigma and cost were the predominant reasons for not getting care, 72.3% and 55.9% respectively.

Rates of substance use - including nicotine, alcohol, and opioid use - remain high. The 2021 National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), indicated that 57.8% (or 161.8 million people) currently used tobacco, alcohol, or an illicit drug, including 47.5% (or 133.1 million people) who drank alcohol, 19.5% (or 54.7 million people) who used a tobacco product, and 14.3% (or 40.0 million people) who used an illicit drug. Among people aged 12 or older in 2021, 15.6% (or 43.7 million people) needed substance use treatment in the past year. Further, 1,887 Coloradans died of drug overdoses in 2021, according to the Centers for Disease Prevention and Control

(CDC). These data highlight the persistent need for high quality, affordable, and accessible mental health, behavioral health, and SUD coverage, including medication-assisted treatment (MAT), alternatives to opioids (ALTOs) for pain management, and access to harm reduction services. The Division continues to be active in responding to these immediate and long-term needs. Although Colorado faces challenges in its efforts to ensure that every person has access to these services, much progress is underway. The Division is pleased to share this summary of its behavioral health program efforts with the General Assembly.

Background: Mental Health Parity and Addiction Equity (MHPAEA)

Federal and Colorado State law requires that health insurance carriers cover services for mental health, behavioral health, and SUD conditions comparable to the way they cover other physical health conditions, like diabetes or heart disease. This is called "parity." The core concept of parity is that people seeking mental and behavioral health care should be treated fairly and similarly to people seeking physical health treatment. Evaluation of parity is complex and involves comparing mental health, behavioral health, and SUD treatment to medical and surgical care across certain benefit classifications, financial requirements like copayments and coinsurance, and various treatment limitations, as explained in greater detail in this report.

Parity laws prohibit health insurance plans from being more restrictive in providing mental health, behavioral health, and SUD benefits than they would be for medical and surgical benefits, with respect to Quantitative Treatment Limitations (QTLs) and Non-Quantitative Treatment Limitations (NQTLs). QTLs measure whether numerical values like copayments, coinsurance, outpatient visit limits, inpatient daily limits, deductibles, annual caps on reimbursement, and reimbursement rates are comparable for behavioral health and physical health. NQTLs cannot generally be measured numerically, and as a result can be more challenging to measure than QTLs. Examples of NQTLs include, but are not limited to, network credentialing standards, medical necessity criteria, evidentiary standards, pharmacy design, geographic restrictions, self-harm and suicidal exclusions of coverage, utilization management processes, preauthorization requirements, network adequacy standards, standards for denials of care, fail-first and step therapy requirements, provider reimbursement practices, facility type restrictions, network tier design, and likelihood of improvement criteria. Both QTLs and NQTLs are considered when comparing mental health, behavioral health, and SUD coverage with medical and surgical coverage.

Both federal and Colorado State law provide protections for consumers accessing mental health, behavioral health, and SUD services. The following list of State and federal policies is not exhaustive, rather, it provides context to the pillars of mental health parity enforcement in Colorado and relevant updates since the previous report.

- Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA): This federal law - also called the Parity Law - requires health insurance coverage for mental health and/or SUD conditions to be comparable to what patients would receive for coverage of medical/surgical services, if they provide mental health and SUD benefits.

  MHPAEA requires insurance companies to administer mental health and SUD benefits comparable to the way they administer medical and surgical benefits, addressing limits on QTL factors such as visits and deductibles, as well as limits or requirements around NQTL issues like prior authorization and network criteria. The final regulation implementing MHPAEA went into effect on January 13, 2014.

MHPAEA was amended by the the Consolidated Appropriations Act of 2021, which furnished the Departments of Health and Human Services, Labor, and Treasury with new enforcement tools by amending MHPAEA to require plans and issuers to provide comparative analyses of their NQTLs to the Departments and authorize the Secretaries of those departments to make determinations on MHPAEA compliance.

Further, the 2022 MHPAEA Report to Congress highlights the recent emphasis by the federal government on greater MHPAEA enforcement and discusses the significant resources dedicated to supporting these efforts. While these changes progress compliance requirements nationally, the Colorado state law already required these provisions of carriers.

- Patient Protection and Affordable Care Act of 2010 (ACA): In addition to giving people better access to health insurance and health care, the ACA helps to further enforce mental health parity. It requires that individual and small group plans (except grandfathered plans created before the ACA) cover mental health and substance abuse services as essential health benefits. This includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services, and substance use disorder treatment. It also requires that plans cover pre-existing mental and behavioral health conditions, like depression and anxiety, while eliminating annual and lifetime spending limits.

  The ACA and MHPAEA work together to require coverage for mental health, behavioral health, and SUD treatment.

- Behavioral Health Care Coverage Modernization Act (2019): In regards to the private insurance market, the Colorado Behavioral Health Care Coverage Modernization Act specifies compliance with MHPAEA and mandatory coverage for the prevention of, screening for, and treatment of behavioral health, mental health, and SUD. It includes mental health parity requirements related to QTLs and NQTLs, network adequacy and provider reimbursement standards, SUD and behavioral health screening standards, pharmacy benefit design, an updated statutory definition of "behavioral, mental health, and substance use disorder," information on appeal processes for denials, and carrier reporting requirements.

- Colorado Insurance Regulation 4-2-64 - Concerning Mental Health Parity in Health Benefit Plans: This regulation provides requirements that carriers must follow to comply with the mental health parity laws, as well as the specific formats in which carriers must submit parity data to the Division. They include:
  - Minimum coverage requirements for mental health, behavioral health, and SUD treatment;
  - Expectations of the financial requirements and design of health benefit plans necessary to be compliant with parity requirements;
  - The format to submit carrier-specific information on QTLs, such as visit limits, deductibles, and dollar amounts for co-pays and co-insurance, and NQTLs, including medical necessity criteria, step therapy and prior authorization requirements, formulary design for prescription drugs, and failure to improve criteria; and
  - Requirements of a written notice of, and the reason for, denials of benefits for behavioral health, mental health, or SUD services and the provision of resources to assist with a denial.

This rule and related instructions apply to all health benefit plans that are regulated by the Division and that are marketed and issued in the individual, small group and large group markets in Colorado, including non-grandfathered health benefit plans, short-term limited duration health insurance policies, and student health insurance coverage. It does not apply to grandfathered health benefit plans or to limited benefit plans, as defined in § 10-16-102(32)(b), C.R.S., and some exclusions for coverage of specific mandated benefits as found at § 10-16-104(1.4), C.R.S. Carriers submit data collection templates to the Division annually, found here.

Division Strategies to Improve Behavioral Health Care Coverage

Since the last report submitted to the legislature, the Division has implemented the following strategies, organized by themes that impact consumers, to detect and enforce mental health parity compliance in the commercial market, as well as ensure access to quality and affordable mental health, behavioral health, and SUD coverage.

Cost of Behavioral Health Care and Coverage

The Division continues to implement programs to increase access to high quality and affordable commercial insurance coverage, all of which include behavioral health coverage.

- Starting in 2023, the Colorado Option became available to all Coloradans who buy their health insurance on the individual market (i.e. not from an employer) and small employers with less than 100 employees. Colorado Option plans are required to lower health insurance premiums for individuals, families, and small businesses by 15% by 2025. As part of the Colorado Option, the Division has created Standardized Plans which will allow consumers and businesses to easily compare plans and choose the plan that is right for them. These plans cover all essential health benefits, including mental health, behavioral health, and SUD, as required by the Affordable Care Act. They also provide many high value services without consumer cost-sharing and are designed to reduce racial health disparities and improve health equity. The Colorado Option plans include no cost-share mental health, behavioral health, and SUD care.

MHPAEA Enforcement: Financial Requirements

The Division's MHPAEA enforcement strategy includes mechanisms to ensure consumers are not overpaying for behavioral health services. Under MHPAEA, if a plan or issuer that offers medical/surgical and mental health and SUD benefits impose "financial requirements," such as deductibles, copayments, coinsurance and out of pocket limitations, the financial requirements applicable to mental health and SUD benefits can be no more restrictive than the "predominant" financial requirements applied to "substantially all" medical/surgical benefits. This ensures that cost-sharing for behavioral health is not more expensive than cost-sharing for physical health and that consumers don't pay more for behavioral health care than allowed by state and federal parity requirements.

The Division concluded a formal investigation regarding carrier financial requirements compliance for PY2020. Six (6) carriers were formally found out of compliance, which means that in some cases, consumers were being charged a copay or coinsurance higher than allowable. The table below summarizes the investigation, and details of non-compliance vary by carrier, plan, and MHPAEA benefit classification. The column titled "Highest Non-Compliant Cost-Share Amount vs. Compliant Amount" summarizes the largest non-compliance copay or coinsurance amount per carrier, although the amount

for each plan and benefit classification vary. The Carrier fines range from $15,000 to $321,000 per carrier and total $510,000. If continuous compliance is determined by the Division moving forward, the Division may stay half of the carrier's penalty. More than 800 Coloradans will receive refund checks directly from carriers to compensate them for being overcharged for various types of behavioral health care services, ranging from a few dollars to almost $2,000 per person. The total collective restitution amount is $115,176.60.

Summary: PY2020 Financial Requirement Investigation

Carrier	Fine	Consumer Refund Total	Highest Non-Compliant Cost-Share Amount vs. Compliant Amount
Aetna Health Insurance Company	$39,000	$150.00	$50 copay vs. $0 copay
Aetna Life Insurance Company	$42,000	NA	$60 copay vs. $0 copay
Cigna Health and Life Insurance Company	$321,000	$87,951.98	$60 copay vs. $0 copay
Denver Health Medical Plan	$66,000	$25,035.02	$75 copay vs. $0 copay 100% coinsurance vs. 10% coinsurance
Friday Health Plan	$15,000	$239.60	20% coinsurance vs. 0% coinsurance
Rocky Mountain HMO	$27,000	$1,800.00	$500 copay vs. 0$ copay

Since this investigation was undertaken, the Division has operationalized its financial requirement review as part of the annual rate review process. This is important for a number of reasons, including that consumers are less likely to be overcharged for behavioral health services, thus requiring consumer refunds and carrier penalties afterwards.

The Division Rates and Forms and Actuarial Sections strategically select plans for analysis that together cover at least 85% of the carriers' populations in each county. They analyze enrollment data submitted in the most recent annual rate filings and sort plans by rating areas, county, and enrollment for each carrier. If a carrier has one plan in the county, the plan is selected for the financial requirement analysis. Otherwise, plans are chosen until the 85% population threshold is reached. Additionally, all Colorado Option plans are reviewed. This selection approach ensures that the financial requirement analysis on cost-sharing and deductibles has the greatest geographic and consumer impact. Carrier rates are not approved until all financial requirements identified and reviewed are compliant.

Colorado Essential Health Benefit Benchmark Plan (Effective January 1, 2023):

Colorado's updated Benchmark Plan, the insurance coverage plan used to set minimum standards for essential health benefits (EHBs) within Colorado, went into effect on January 1, 2023 for individual and small group plans. The plan includes the following behavioral health changes, which were approved by the Center for Medicare and Medicaid Services in October 2021.

- Comprehensive Gender-Affirming Care, including medically-necessary services to treat gender dysphoria. Each person's gender-affirming care plan varies, and could include a combination of mental and behavioral health care, hormone therapy, and/or different surgical procedures, depending on the source of their gender dysphoria. Colorado is the first state in the country to explicitly include gender-affirming care services in its plan.
- Fifteen (15) ALTO medications and six (6) acupuncture visits per year for pain management and to mitigate OUD.
- Annual Mental Wellness Exam: A 45-60-minute visit per year with a qualified mental health care provider, including services such as behavioral health screening, education and consultation about healthy lifestyle changes, referrals to ongoing mental health treatment, and the discussion of potential medication options.

The Division has conducted the following activities to ensure compliance with benchmark plan requirements.

Gender-Affirming Care: The Division reviewed plans available in the Individual and Small Group markets to assess compliance with gender-affirming care coverage hormone therapy and surgery requirements using information submitted through the annual binder filing process and external-facing policy documents. The Division worked with carriers directly to review and revise non-compliant or inaccurate gender-affirming care services in policy documents.

The Division created and launched the first Gender-Affirming Care Coverage Guide, which displays a list of gender-affirming services and how they are covered by each insurance company offering individual and small group plans for 2023. Please note that it is not an exhaustive list of all gender-affirming care procedures, rather a list of many common services to treat gender dysphoria. It also does not include the different processes, like prior authorization or letters from a provider, that may be required by an insurance company in order to show that it is medically necessary to receive a service or medication. When pursuing a gender-affirming care treatment plan, it is important to inquire with the insurance company in writing to understand the scope and specificity of procedures, medications, and other resources that may be covered or offered. A consumer advisory was released in January 2023 to alert consumers on the resource.

ALTO Coverage Requirements:
The Division reviewed compliance with benchmark plan requirements on ALTOs for pain management. All companies reviewed were in compliance.

Medication Assisted Treatment (MAT) Coverage Requirements:
The Division is currently reviewing compliance with benchmark plan requirements on MAT to treat SUD and OUD, including medications to reverse an opioid overdose.

The 2017 Essential Health Benefit (EHB) Plan in Colorado was in effect until December 31, 2022, and it was also reviewed for compliance with the MAT requirements applicable to that plan.

Pharmacy Benefit Design:
In addition to the prescription medication review conducted for the benchmark plan, the Division reviewed carriers for compliance with the below requirements pertaining to pharmacy benefit design of medications to treat SUD.

- MAT for SUD: Colorado Insurance Regulation 4-2-75 Concerning Reporting Requirements for Medication-Assisted Treatment Coverage provides the Division a mechanism to assess and understand access to MAT and SUD and OUD providers throughout Colorado. Carriers submit such information to the Division annually for the previous calendar year (CY).

- MAT Tier Placement: § 10-16-148(1)(c) C.R.S requires that carriers place at least one (1) covered prescription medication approved by the Food and Drug Administration (FDA) for the treatment of SUDs on the lowest tier of the drug formulary developed and maintained by the carrier.

- Utilization Management Requirements: § 10-16-148(1)(a)-(b) C.R.S. requires that carriers may not impose prior authorization or step therapy requirements for prescription medication approved by the FDA for the treatment of SUDs.

- Discriminatory Formulary Design: Formularies can be designed in potentially discriminatory manners, including but not limited to, excluding coverage for a medication entirely or by condition or placing many or most medications for a particular condition on high-cost tiers in order to manage the utilization of medications for conditions. Such formulary designs can negatively restrict or exclude a consumer's access to care.

Network Adequacy:
In addition to review of pharmacy benefit designs, the Division has undertaken the following enforcement actions to ensure access to MAT providers and behavioral health care more broadly.

- The Division is reviewing and revising various network adequacy regulations, including the following:
    - Amended Regulation 4-2-53 Network Adequacy Standards and Reporting Requirements for ACA-Compliant Health Benefit Plans
    - Amended Regulation 4-2-53 Network Adequacy Standards and Reporting Requirements for ACA-Compliant Health Benefit Plans
    - DRAFT Proposed Amended Regulation 4-2-55 Standards and Reporting Requirements for ACA-Compliant Health Benefit Plan Provider Directories

The provider experience with commercial insurance is integral to ensuring that consumers have access to in-network mental health, behavioral health, and SUD providers. Providers continue to report issues with commercial network admission, credentialing, reimbursement rates, and administrative burden related to claims handling and management.The Division has received complaints from providers, also noted on pages 11 and 12 of this report. While the Division cannot require providers to take commercial insurance, it can look into the barriers that dissuade or impede a provider from participating in commercial networks in Colorado. The Division has undertaken the following steps to address such barriers:

- Review and analyze data as required by Colorado Insurance Regulation 4-2-64

Concerning Mental Health Parity in Health Benefit Plans, which includes two data collection templates that pertain to network adequacy and carriers' interaction with providers: Provider Credentialing and Network Admission Questionnaire and Confidential Network Development Questionnaire. Both templates include information related to credentialing timelines, provider network application outcomes, standards for admission, reimbursement rates and contract negotiation processes, and provider recruitment and retention strategies, among other areas. The review is currently ongoing.

- The Division released and is reviewing stakeholder comments on DRAFT Proposed New Bulletin No. B-4.1XX Policy Directives for Credentialing Standards and Timeline for Mental Health, Behavioral Health, and Substance Use Disorder Providers. It clarifies expectations for carriers to remove barriers for behavioral health providers to be accepted on a timely basis into commercial networks. It also formalizes a data call process to assess and publish carrier practices on reimbursement and billing for behavioral health provider candidates. Both strategies may increase the amount of providers who can treat consumers and reduce provider waitlists for care.

NQTL Review: Colorado Insurance Regulation 4-2-64 Concerning Mental Health Parity in Health Benefit Plans:
In addition to the QTL and financial requirement analyses conducted, the Division also reviews the following NQTL topics annually:

- Policies and procedures related to mental health, behavioral health, SUD, pharmacy services, and medical/surgical care;
- Network adequacy: Provider credentialing and network admission;
- Network development;
- Comparative analyses assessment;
- Medical management and utilization management criteria; and
- American Society of Addiction Medicine Criteria Utilization

The Division conducts and investigates where pertinent the NQTL information provided by carriers. While the market conduct examinations review the "in-practice" aspects of MHPAEA compliance, the QTL and NQTL reviews pertain to the "in-policy" aspects of MHPAEA compliance. The PY2023 NQTL review for all markets is currently underway.

Consumer Support and Complaint Navigation:
The Consumer Services Section continues to receive and intervene on complaints from both consumers and providers on issues related to insurance coverage for mental health, behavioral health, and SUD. The number of complaints received since the last report are listed below.

Yearly Behavioral Health Complaint Totals from Consumers and Providers

Year	Number of Consumer Complaints	Number of Provider Complaints
2019	18	Not applicable
2020	28	Not applicable
2021	28	8

2022	46	12

While the number of complaints have increased since the last report, the Division still sees far fewer complaints related to behavioral health than physical health. A March 2021 report from the Government Accountability Office (GAO) substantiates the experience of the Division that complaints are far lower for behavioral health than that of medical and surgical care - not because barriers to care are fewer for behavioral health, but because consumers do not consistently understand their rights and protections related to mental health, behavioral health, and SUD coverage, as well as the stigma associated with accessing such types of care. This highlights the continued need to educate consumers about their rights and protections in accessing behavioral health with commercial insurance coverage, as well as the resources available to them through the Division when barriers to coverage arise.

The Division created various behavioral health insurance literacy tools and shared them with the public in honor of Mental Health Awareness Month in May 2023. The resources, which include information on how to find an in-network provider using one's commercial insurance, can be found on the Division's Mental and Behavioral Health resource page.

Organizational Growth and Interagency Alignment
In addition to the enforcement work summarized in this report, the Division has increased its organizational capacity and developed interagency processes to ensure high quality, affordable, and MHPAEA-compliant behavioral health coverage.

The Division created and filled two (2) additional full time employees to expand its behavioral health enforcement strategy.

- Behavioral Health Parity Analyst: Reviews and analyzes carrier compliance with MHPAEA NQTL data to inform further Division enforcement actions.
- Behavioral Health Policy Advisor: Provides support to behavioral health strategy and implementation and supports BHA coordination and alignment.

The Division also continues to work with BHA leadership to formally coordinate behavioral health care activities and finalized its interagency Formal Agency Agreement in April 2023. Division leadership participates in interagency council meetings to ensure alignment of strategy, priorities, and accountability across state agencies.

Lastly, the Division actively participates in the National Association of Insurance Commissioners (NAIC) MHPAEA working group, joining other states, the Department of Labor, and Department of Health and Human Services to create, coordinate, and refine best practices in MHPAEA implementation and enforcement.

Conclusion

While much progress has been made to reform Colorado's behavioral health system and work towards parity in the commercial market, the Division knows there is much work to be done. Coloradans continue to struggle with stigma around behavioral health and misunderstanding on how to use their insurance to get the care they need, and cost continues to be a primary driver to delay or forgo many types of health care altogether, including behavioral health care. These challenges can be compounded for people with co-occurring SUD and mental health conditions.

The activities highlighted in this report illustrate some of the momentum that continues to build in the state. The Division looks forward to continuing work with the Legislature, state agencies, health insurance carriers, service organizations, health care providers, and communities in future efforts to ensure that the behavioral health system works for every Coloradan.