CBHC 2013 Legislative & Policy Priorities

For 45 years the Colorado Behavioral Healthcare Council (CBHC) has worked to ensure all Coloradans have access to quality behavioral healthcare services in every corner of our state. In the coming year, we will continue to improve access and care for Coloradans who have a need for behavioral health services. Our policy priorities for 2013 include the following:

**Medicaid Expansion**

The recent Supreme Court ruling on the Affordable Care Act concluded that states reserve the right to opt out of expanding Medicaid, leaving each state’s decision to expand in the hands of governors and state leaders. **CBHC strongly supports Colorado moving forward with Medicaid Expansion** and has historically supported expansion efforts by the State, such as Colorado’s Adults without Dependent Children (AwDC) program, which currently covers 10,000 individuals below 10% of the Federal Poverty Level (FPL). Beginning in 2014, Colorado has the option to expand Medicaid to include individuals under 138% FPL, making 2013 a crucial year for healthcare policy decisions. During this time, CBHC will continue to focus on efforts to ensure more Coloradans have access to health insurance and healthcare services.

Research[^1] suggests that the newly insured will have a higher prevalence of mental health and substance use disorders—health issues that, left untreated, place a heavy financial burden on public systems such as Criminal Justice, Health Care, Education, Child and Family Services, Public Safety, and Labor. At the individual level, however, the consequences of inadequate health insurance coverage are much more urgent as a widely cited study[^2] suggests people with behavioral health disorders die, on average, 25 years earlier than the general population—an alarming statistic that Colorado should work to address.

In line with expanded access to coordinated healthcare, **eliminating barriers to Medicaid enrollment should be a state priority.** CBHC will continue to support efforts to improve and redesign the Colorado Benefits Management System (CBMS) to ensure that Colorado’s most vulnerable citizens have access to supportive services.

**Colorado Health Benefit Exchange (COHBE)**

The COHBE, also referred to as the Exchange, was established in 2011 and is a statewide marketplace where individuals will be able to shop online and purchase health insurance. Individuals between 138% FPL (approximate annual salary of $15,000 for an individual) and 400% FPL (approximate annual salary of $44,680 for an individual) will be eligible to receive tax credits to purchase health insurance through the COHBE. Small business owners will also receive tax credits to allow their employees to purchase health insurance from a choice of health plans on the Exchange. The COHBE is scheduled to open for business in October 2013 with health

plans taking effect January 2014. The COHBE will expand availability and coverage for Colorado’s uninsured and underinsured.

The COHBE has some important policy decisions to make during the upcoming year including deciding which health plans will be offered in the Exchange, what benefits will be offered (Essential Health Benefits), and how individuals will be able to access coverage through the Exchange. **CBHC has been advocating for comprehensive behavioral health coverage and the inclusion of Community Mental Health Centers (CMHCs) and substance use disorder (SUD) treatment providers in the health plans offered in the Exchange.** Including CMHCs and SUD providers in the Exchange will help with continuity of care for those individuals who may move between Medicaid coverage and the Exchange.

**Integrated Healthcare**

With the passage of H.B. 11-1242³, the State of Colorado officially declared the importance of integrated care, which “addresses the mental health, including substance use disorder, oral health, and physical health needs of the patient at the time of health care services.” **CBHC has long been a champion of integration efforts and understands the promise integrated care holds to reduce costs, improve outcomes, and to create a more seamless continuum of care for Coloradans.** Consequently, as in past years, CBHC will work in the coming year to:

- Advocate for a reformed healthcare delivery system for Colorado that includes mental health and substance use treatment as essential to overall health and wellness.

- Collaborate with community organizations and healthcare stakeholders (including health plans) that demonstrate commitment to bi-directional service integration with physical healthcare providers.

- Engage policy development and legislative efforts that are dedicated to improving care and integrating mental health and substance use into overall healthcare.

- Provide communication, educational information, and training to its members and other stakeholders regarding an integrated service delivery system that includes mental health and substance use treatment as a part of healthcare.

- Support the message and value of integration at the local, state, and national levels.

- Pursue a full substance abuse benefit for Medicaid to be managed by the Behavioral Health Organizations (BHOs). CBHC believes that a full SUD benefit for Medicaid is essential to the integration of behavioral and physical healthcare and that this service should not be a fee-for-service benefit, but be managed by the BHOs in collaboration with Colorado’s Managed Service Organizations (MSOs).⁴


Payment Reform
The current Fee-for-Service payment structure is not sustainable and has not led to better outcomes for individuals. Healthcare services are paid for by the volume delivered, not on quality measures or what is necessarily best for the individual and the community. The current payment structure also serves as a barrier to integrated healthcare delivery. CBHC supports exploring alternative payment methods, such as bundled payments, that will achieve the goal of the Triple Aim, which is to improve population health, improve patients’ experience of care, and reduce costs. CBHC strives to see Colorado move towards an outcomes-oriented payment model focused on providing appropriate, integrated healthcare services regardless of one’s diagnosis.

Mental Health First Aid
Just as CPR is used to help an individual suffering from an acute physical ailment, Mental Health First Aid (MHFA) is a groundbreaking, evidence-based public education program focused on empowering individuals to identify, understand and respond to those who are experiencing a behavioral health crisis. The MHFA program is an interactive training that helps individuals recognize the potential risk factors and warning signs for a range of behavioral health problems. MHFA also reduces stigma and provides skills, resources and knowledge to assess situations, select and implement appropriate interventions, and help individuals in crisis connect with appropriate professional care.

Colorado has been implementing MHFA since 2010 and has over 150 trainers across the state. Over 4000 individuals have been trained in MHFA in Colorado ranging from law enforcement, educators, and concerned citizens. CBHC strongly supports MHFA as a preventative measure and supports the expansion of MHFA to ensure Coloradans have a better understanding of behavioral health issues.

Criminal Justice Reform
Approximately 39% of individuals incarcerated in Colorado prisons have a moderate to severe mental illness and 80% have a moderate to severe substance use disorder. Colorado’s jails by default have become detox and treatment centers due to the lack of community resources and access to healthcare for individuals in need. CBHC has been working together with criminal justice agencies to strengthen and reform the criminal justice system to help divert individuals from our jails and prisons or, alternatively, to help them re-enter the community. Ensuring that an individual has access to timely and appropriate healthcare services, social supports, and treatment can help reduce the costs of incarceration as well as reduce recidivism and allow an individual to re-integrate into the community.

CBHC works to improve access to the delivery of best practices in the community to prevent an individual with a behavioral health disorder from ever entering the criminal justice system. Unfortunately, many of our community and family members with behavioral health needs slip

through the cracks. Reducing recidivism, ensuring continuity of care, and helping an individual successfully reintegrate back into the community is what we strive for. CBHC will continue to work with our criminal justice partners to ensure public safety while improving access to community based treatment services for those in need.

Healthcare Workforce

It is estimated that over a half million Coloradans will have access to health insurance by 2014.\(^6\)

While the first step to accessing healthcare is having insurance coverage, a strong, robust healthcare workforce must also be in place. Colorado currently faces a healthcare workforce shortage, in particular in the rural and underserved areas of our state. Another concern is the large percentage of healthcare providers who are preparing to retire at a time when the number of individuals able to access healthcare services will be expanding.

**CBHC strongly supports the use of loan forgiveness to recruit and retain healthcare providers working in rural and underserved areas.** We will continue to advocate for improved access to loan forgiveness and retention tools that increase the number of healthcare providers in underserved areas of our state. CBHC also supports changing models of healthcare delivery to a more integrated approach, which requires primary care and behavioral health providers to shift how behavioral health services have historically been provided. Licensing and credentialing must also be examined as we move toward a more integrated healthcare delivery system to ensure an adequately trained workforce is able to provide behavioral health services wherever an individual presents.

Long Term Care

Historically, the care of individuals with behavioral health disabilities requiring long-term care (LTC) and support services has been inadequate, highly fragmented, and difficult to navigate. Fortunately, state leaders recognize the need to improve and coordinate LTC services for older Coloradans as well as those with chronic developmental and behavioral disorders. Three efforts in particular are worth highlighting:

- The development of the Office of Community Living, an office in the Colorado Department of Health Care Policy and Financing (HCPF) created by executive order that aims to increase access to community-based supports for LTC services that will focus attention and resources on the unique needs of aging Coloradans and people with disabilities.
- Colorado Choice Transitions (formerly Money Follows the Person) is a federal grant awarded to the State to expand access and better coordinate care for individuals in the community through 2016.
- The Long Term Care Advisory Committee (LTCAC) has been formed to research and advise HCPF on recommended policies and processes, including the following areas of focus: Medicaid Entry and Eligibility, Waiver Modernization, Care Coordination, and Consumer Direction.

CBHC is encouraged by these efforts and will continue to pursue policies and legislation that adequately address the behavioral health needs of Coloradans requiring LTC services.

Aligning Health Governance

Proper alignment of governance and oversight of behavioral health regulations, treatment, and services is a key priority in the coming legislative year. CBHC encourages HCPF to actively engage with the Colorado Department of Human Services (CDHS) and the Colorado Department of Public Health and Environment (CDPHE) to critically examine and improve the broader regulatory environment of behavioral health care for Medicaid-eligible populations in Colorado. Current challenges in the broader regulatory environment include:

- Requirements for discharge and discharge summaries that foster discontinuity of care and pose barriers to access.
- Administratively and clinically burdensome treatment plan requirements.
- The administratively and clinically burdensome CCAR and DACOD requirements; requirements which are inconsistent with progress toward population-based approaches.
- Different requirements in behavioral and physical healthcare for client Releases of Information.

At the state level, CBHC recommends an inter-agency assessment of the regulatory environment which impedes the integration of care and creates administrative burden and waste, including waste of limited workforce resources. To the extent that Health Care Reform is realized and fully implemented, CBHC envisions a Colorado governance structure which sees most behavioral health regulations and treatment rules under one department.

Behavioral Health Homes

Behavioral Health Homes, also known as Patient-Centered Medical Homes, serve as an individual’s primary healthcare provider and help with coordinating care and connecting an individual with the variety of services that are needed to help achieve better health outcomes. Community Mental Health Centers (CMHCs) serve as the primary healthcare provider for numerous individuals, which is evidenced by the fact CMHCs provided services to over 122,000 individuals during 2011. A majority of CMHCs are currently certified by the Colorado Department of Health Care Policy and Financing as Medical Homes for Children, which is a requirement to become a Primary Care Medical Provider (PCMP), which essentially is a health home. The individuals who depend on CMHCs for their healthcare and well being are best served when CMHCs attain official status and recognition as PCMPs. CBHC has made it a top priority to ensure that CMHCs are recognized as PCMPs (health homes). Not only will the inclusion of CMHCs improve patient health and outcomes, but it will be another step towards the healthcare system recognizing that behavioral health IS health.