

## **CBHC BOARD POSITION STATEMENT 9.0**

### ***Safety Net***

---

#### **Position Statement**

Colorado's most vulnerable populations must have access to a robust, community based, high quality system of care regardless of insurance coverage, ability status, or ability to pay.

#### **Background**

The Institute of Medicine defines “core safety-net providers” as providers who, by mandate or mission, offer access to care regardless of a patient’s ability to pay — and whose patient population includes a substantial share of uninsured, Medicaid, and other vulnerable patients. CBHC members are united in a strong core commitment to provide care for people with limited or no access to care.

In 1963, following a national desire to promote community based care and avoid institutionalization, the United States passed the Community Mental Health Act to create a federal structure to develop, align, and open community mental health centers nationwide. Colorado’s providers came together to enhance existing services to meet criteria and open new doors where they were needed. The values of community care and local responsive solutions has been a guiding light throughout CBHC’s history.

While health coverage numbers have gone up, the need for safety net funding has not been eliminated. The number of uninsured individuals fell dramatically in Colorado and across the United States with the advent of the Patient Protection and Affordable Care Act as well as other health reform efforts. However, in 2017, approximately 350,000 Coloradans still did not have health insurance and thousands more struggle to utilize the insurance they have due to the cumulative impact of high premiums, co-insurance, and co-pays. In addition, and despite parity laws, many commercial insurance plans have limited or no behavioral health benefits. Safety net health systems play critical roles in providing essential services to these populations. Without access to this care, health care needs can go unaddressed, escalate, and lead to higher costs downstream for individuals and systems.

The behavioral health safety net supports individuals who may otherwise not receive care. CBHC members have provided high-quality care to low-income and uninsured populations for many decades. Our efforts are rooted in our mission and the knowledge that there is a cascade of external variables when we cannot provide services at the right time and in the right place; as unmet needs increase, individuals’ health declines and demand on emergency departments, the criminal justice system, and other expensive community resource systems grow. Protecting the safety net is both a moral imperative towards giving everyone the opportunity for good health, as well as a commitment to prudent stewardship of taxpayer dollars.

## **Policy Priorities**

### **9.1 Protection of Colorado’s most vulnerable populations and support for the behavioral health safety net system**

Throughout CBHC’s history, we have advocated for the continuation and expansion of resources that are accessible, available, and responsive to Colorado communities’ needs. Prioritizing the needs and experiences of the populations that we serve guides us throughout policy and advocacy decisions.

- ❖ CBHC supports the availability of flexible resources through the State General Fund to provide comprehensive care for individuals without insurance coverage.
  - Promoting accountability in spending that leverages transparent policies and community engagement towards an understanding of need and strategies.
  - Sustaining flexibility in funding to allow for a reasonable reinvestment margin.
- ❖ CBHC supports policies and legislation that minimize the regulatory or administrative burden associated with being a safety net provider.
  - Aligning administrative paperwork, data, and accountability metrics.
  - Ensuring reasonable and compensated regulatory and administrative expectations.

### **9.2 Funding for behavioral health services not covered by public or private payers**

CBHC believes it is critical that adequate funding be available for a full continuum of services that may extend beyond the benefit packages of public insurance like Medicaid or commercial insurance.

- ❖ CBHC supports policies that fill insurance gaps and keep individuals with high mental health and substance use needs in the community and out of higher cost and higher levels of care.
  - Utilizing a systems approach to understanding and examining the strengths and gaps in communities’ healthcare delivery infrastructure.
  - Prioritizing an individual’s home and community as the primary service delivery environment.
- ❖ CBHC supports policies and legislation that help community based providers meet patient needs that fall outside the scope of traditional public or private health insurance.
  - Leveraging and protecting behavioral health funding in the community as directed by community engagement and needs assessment.
  - Advancing funding and models of care that address a full continuum of needs including the social determinants of health.

### **9.3 Community Responsive Resources**

Funding for behavioral health should be targeted to existing community based providers and systems of care to leverage local assets and expertise and build on previous public investments. Investments in Colorado's existing systems should always be preferable over external or out of state entities.

- ❖ CBHC supports policies, legislation, and funding reforms that reflect the value that healthcare is local. Competitive procurement of community based behavioral health services should be avoided when appropriate.
  - When competitive procurement for services is necessary, always prioritize and value existing systems of care and community level partnerships.
  - When competitive procurement for services is necessary, always prioritize and value locally-based non-profit organizations over external and/or for-profit entities.

#### **Effective Period**

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 2/16/2018. It is reviewed as required by the Public Policy Advisory Committee.

#### **Policy Updated**

Updates to this policy position were approved by the CBHC Board of Directors on 2/16/2018.

**Expiration: 2/16/2020**