



COLORADO

Office of Behavioral Health Community Programs Contracting Update

September 26, 2019



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Office of Behavioral Health
Department of Human Services

Purpose & Expectations

Take stock of where we are:

Goal

- Vision from 2018

Progress

- Themes from HCPF and OBH interviewing CMHC's
- Actions taken
- Current focus and goals

Plan

- Long term, strategic objectives

Expectations:

- ☐ Feedback, Q&A
- ☐ Alignment to goals
- ☐ Collaborative path forward



Agenda

- Contracting Goals for FY20 Contracts
- Summary of CMHC Visits and Interviews
- Debrief on FY20 Contracting, Progress, Lessons
- Next, Now...
- Longer Term Objectives and Integration with Strategic Goals
- Wrap up, Q&A





Contracting Goals

OBH Vision



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OBH Vision - 2018 CBHC Conference (1/2)

1. Work with providers, other state agencies and community stakeholders to develop system to measure demand/need for behavioral health system.
2. Work with providers to further develop an annual report with industry standards, best practices, and other information to assist with identify gaps and need in the system.
3. With improvements to the above, develop budget requests to address need in the system that is supported by data and a solid business justification.



OBH Vision - 2018 CBHC Conference (2/2)

Future OBH Vision CMHC Funding Aligned to Statutory Requirements

Consultation and Education	Outpatient	Emergency Services	Partial hospitalization	Inpatient
<ul style="list-style-type: none">• Co-responder• Medicaid enrollment sites	<ul style="list-style-type: none">• Counseling• Psychotherapy	<ul style="list-style-type: none">• Walk-in urgent care capability for clients (monitor % of existing patient population receiving crisis services)	<ul style="list-style-type: none">• Intensive case management• ACT• IPS/DVR• Housing	<ul style="list-style-type: none">• ATUs• Bed capacity MOUs with hospitals

Targeted shift of OBH funding to: span full spectrum of requirements, highest priority populations, and more intensive services





CMHC Interviews

Debrief with OBH and HCPF

Background Information



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Background Information: Context

- HCPF Transition to RAE's July 1, 2018: significant change
 - HCPF problem solving; gathering feedback on change impact
 - HCPF collaborated with CBHC to arrange interviews
- OBH requested/invited to join HCPF & CBHC
 - Late-midpoint of performance period of FY19 Contracts
 - In active negotiation with CBHC led committee for FY20
- Interviews were held in the communities
 - Visited all centers except for: Axis (Durango), MindSprings (Grand Junction), and Mental Health Partners of Boulder (co-interview with/at Jefferson Center)
 - Center attendees: CEO, CFO, CCO/COO, other members of leaderships
 - Dates: February 7, 2019 - April 9, 2019
 - State: HCPF Shane Mofford, Daniel Harper, OBH Carie Gaytán and Andrew Martinez



Standard Interview Questions: HCPF

1. What does the current CMHC structure look like in terms of:
 - a) Management Service and fees?
 - b) Leasing service?
2. What worked and what didn't work under old BHO structure?
3. What works and what does not work under current structure?
4. What services or programs are falling through the cracks?
5. What does your integrated care path look like?
 - a) What is the current arrangement?
 - b) What changes have been made and why?
 - c) Impact from six short term behavioral health service visits in primary care setting?
6. What Administrative barriers do you encounter?
 - a) HCPF
 - b) BHO
 - c) RAEs



Standard Interview Questions: OBH

- CMHC Programs and Services
 - What programs that you offer are at risk and why?
 - What unmet community needs do you see?
 - Which issues/gaps do MHCs want to focus on?
 - Challenges & issues:
 - Funding
 - Billing issue, services being provided without billable hours/encounters
 - How to measure effects on patient outcomes?
 - Workforce Issue...
 - Potential Solutions
- How to improve communication between CMHCs, RAEs, HCPF, OBH
- Funding and Budgeting
 - Current Risk Share?
 - Do they have the current capability to provide a program level funding map?
 - Discussion: Lack of budgetary planning structure
- Describe administrative burden relative to OBH





CMHC Interviews

Debrief with OBH and HCPF

Executive Summary



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Executive Summary

- Centers experienced significant growing pains (i.e. cash flow hit) as of Feb-April 2019 following transition to RAE's
- Timely and targeted discussion led to quick problem solving
- Centers appreciated the collaboration between HCPF, OBH, CBHC
- Discussions provided relevant and timely input for OBH approaching FY20 contract funding, longer term funding objectives, and the need for alternate payment models





CMHC Interviews

Statewide and HCPSF Issues



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Statewide Challenges and HCPF/RAE Issues

- Workforce turnover and shortage
- Changes to Integrated Care
- Engagement and alignment with state agencies
- Transportation
- Residential Treatment and Multipurpose Facilities
- Third Party Insurance

- Eligibility and Attribution
- Prior Authorization
- Contracting with RAEs
- Billing and Payment
- Denials, Deductions
- Data Sharing
- Cost Reporting





CMHC Interviews

Debrief with CBHC Members

OBH Issues



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OBH Issues

- Capacity Based Budget and Funding Model
- (In)Flexibility of Funding
- Medicaid Eligibility and Indigent Billing Conflict
- Intake Process (CCAR)
- COMPASS startup
- Administrative Burden





CMHC Interviews

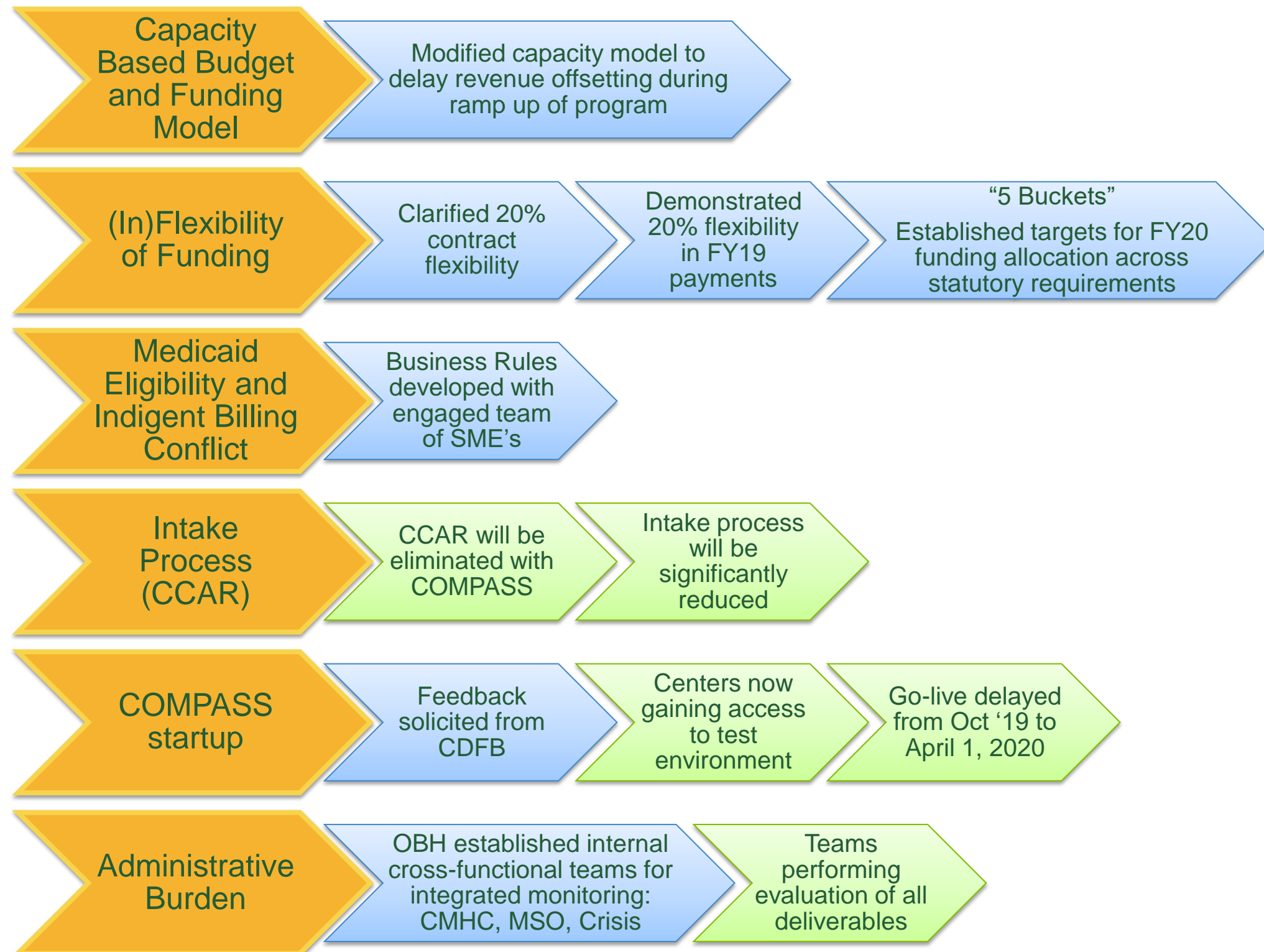
Debrief with CBHC Members

Actions Taken - OBH



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Actions Taken to Address OBH Issues



Funding Allocation - Statutory Requirements

Total Contract Value - Budget Allocation across 5 statutory categories (funding streams) - for Reference																
Center	Emergency \$	Emergency %	Target 5-15%	Inpatient \$	Inpatient %	Target 6-17%	Partial \$	Partial %	Target 18-54%	Outpatient \$	Outpatient %	Target 30-50%	Con/Edu \$	Con/Edu %	Target 2-7%	Total \$
Arapahoe MHC dba AllHealth Network	\$75,721	2.9%	L	\$274,807	10.7%	G	\$425,676	16.6%	L	\$1,543,491	60.0%	H	\$251,625	9.8%	H	\$2,571,320
AspenPointe Health Services	\$48,856	1.3%	L	\$71,080	2.0%	L	\$677,274	18.6%	G	\$2,845,344	78.1%	H	\$0	0.0%	L	\$3,642,554
Aurora CMHC	\$155,397	6.3%	G	\$200,000	8.1%	G	\$577,341	23.4%	G	\$1,033,145	41.9%	G	\$502,142	20.3%	H	\$2,468,025
Axis	\$320,000	15.4%	G	\$660,000	31.7%	H	\$158,006	7.6%	L	\$799,017	38.4%	G	\$145,247	7.0%	G	\$2,082,270
Centennial MHC	\$361,804	19.5%	H	\$0	0.0%	L	\$456,168	24.6%	G	\$784,790	42.4%	G	\$249,247	13.5%	H	\$1,852,009
Community Reach Center	\$685,246	22.3%	H	\$266,450	8.7%	G	\$500,000	16.3%	L	\$1,615,428	52.7%	H		0.0%	L	\$3,067,124
Health Solutions	\$549,647	22.7%	H	\$0	0.0%	L	\$899,084	37.2%	G	\$896,578	37.1%	G	\$74,247	3.1%	G	\$2,419,556
Jefferson Center for MH	\$470,000	10.4%	G	\$1,140,000	25.2%	H	\$871,885	19.3%	G	\$1,814,820	40.2%	G	\$221,896	4.9%	G	\$4,518,601
Mental Health Center of Denver	\$0	0.0%	L	\$424,200	2.9%	L	\$7,820,563	53.4%	G	\$4,890,423	33.4%	G	\$1,501,610	10.3%	H	\$14,636,796
Mental Health Partners (Boulder)	\$177,000	8.4%	G	\$0	0.0%	L	\$633,273	30.1%	G	\$1,002,251	47.6%	G	\$294,610	14.0%	H	\$2,107,134
Midwestern / The Center	\$143,291	12.1%	G	\$206,289	17.4%	G	\$23,000	1.9%	L	\$721,545	61.0%	H	\$89,247	7.5%	G	\$1,183,372
Mind Springs (Colo West Reg MH)	\$471,054	12.5%	G	\$910,000	24.2%	H	\$566,643	15.1%	L	\$1,638,798	43.6%	G	\$174,247	4.6%	G	\$3,760,742
North Range BH	\$307,237	10.7%	G	\$480,879	16.8%	G	\$720,497	25.2%	G	\$1,179,570	41.2%	G	\$175,000	6.1%	G	\$2,863,183
San Luis Valley BHG	\$89,598	7.2%	G	\$48,361	3.9%	L	\$226,588	18.2%	G	\$853,792	68.7%	H	\$24,528	2.0%	G	\$1,242,867
Solvista	\$94,420	6.9%	G	\$0	0.0%	L	\$238,489	17.5%	G	\$884,398	64.8%	H	\$148,494	10.9%	H	\$1,365,801
Southeast Health Group	\$93,928	7.8%	G	\$178,811	14.8%	G	\$168,000	14.0%	L	\$482,641	40.1%	G	\$280,879	23.3%	H	\$1,204,259
Summitstone Health Partners	\$200,000	8.6%	G	\$80,000	3.4%	L	\$622,389	26.8%	G	\$1,251,396	53.8%	H	\$172,747	7.4%	G	\$2,326,532
Asia Pacific										\$30,560	28.4%		\$77,192	71.6%		\$107,752
Servicios										\$61,530	46.5%		\$70,826	53.5%		\$132,356
Targeted Range per Category:	\$4,243,199	8.0%	G	\$4,940,877	9.3%	G	\$15,584,876	29.2%	G	\$24,237,427	45.5%	G	\$4,305,766	8.1%	H	\$53,312,145



Next Steps

Deliverable	Timing	CDFB Sub-Team	Resources
Design and implement performance reporting to monitor FY20 contracts	Oct-Dec 2019	Request 2-3	Navigant OBH D&E
Updated finance and data protocols (5)	Oct 2019 – April 2020	Request ~ 2 per protocol/group	Integrate with business rules and Compass
Finalize business rules	In progress	Engaged	Katie Brookler
Compass go-live	April 2020	Testing	HIE's
Explore alternate payment models	Ongoing	2-3	

Population in Need (PIN) Study - HMA

Needs Assessment

HMA will work with the Office of Behavioral Health to review behavioral health need across the State for individuals of all ages and with varying health insurance status.

The Goals of the Needs Assessment:

- + **Assess Behavioral Health Need Statewide** focusing on health disparities and regional need.
- + **Identify Gaps in Existing Services Based on Identified Needs** focused on health equity and specific services for sub-populations with disparities.
- + **Identify System Design Elements** to improve health disparities.
- + **Identify Resources** needed to meet needs and system changes.

HMA will leverage the following throughout the process:



Strategic Plan:

The Needs Assessment will inform the Strategic Plan for OBH for Five Years.

The five-year strategic plan will provide OBH with clear population priorities, funding and resource allocation recommendations, and recommendations on how OBH can support system changes to improve mental health and substance use services statewide. In addition to the strategic plan, HMA will develop:

- + An implementation plan to provide step by step actions items for the State
- + A one-page summary will be developed to discuss how the strategic plan and the BH Taskforce plan align and compliment one another

Timeline

- September 2019: Deliver Planning Document
- October 2019: Convene Statewide Advisory Council
- November 2019 - February 2020: Community Engagement
- March 2020: Deliver Needs Assessment
- April 2020: Deliver Strategic Plan



Performance Measures & Report Development

		Individual CMHC Profiles		
11-AllHealth Network (Arapahoe/Douglas)		Total	Calc.	Calc. Description (Numerator/Denom.)
Overview	Clients	13,081	6,488	Clients Client Years Tot.
	Services	275,811	42.5	Svc/ClientYr-Ratio
	RVUs	276,520	42.6	RVUs/ClientYr-Ratio
	LOS	2,342,714	179.1	LOS/Client-Ratio
	Admits	7,241	55.4	Admits/Client-Pct.
	Discharges	4,886	37.4	Disch/Client-Pct.
	Engaged	7,621	58.3	Engaged/Clients-Pct.
Pop	Co-occurring	5,593	42.8	Co-occur/Client-Pct.
	Client <= 18	3,699	28.3	Client LT 18/Client-Pct.
Services	Case Mgmt	15,140	5.5	CM Svcs/All Svcs-Pct.
	Counc Psycho	67,236	24.4	CP Svcs/All Svcs-Pct.
	Supp. Housing	3,477	1.3	SH Svcs/All Svcs-Pct.
	Services	275,811	42.50	Svcs/Clients-Ratio

Benefits:

- Standard performance reporting can be leveraged by many users
- Capture value from Compass reporting
- Consistency
- Transparency
- Two-way Feedback
- Enable shift to performance based contracting

Agency		Monthly Utilization Reports							
		2018-06							
		Total Services	Svcs/ Clients	New Client	Clients Seen this Month	Total RVUs	RVUs/ Clients	Total Services	Svcs/ Clients
11	AllHealth Network (formerly Arapahoe/Douglas)	27,185	5.7	689	4,615	23,086	5.0	24,958	5.4
5	Asian Pacific	1,740	11.0	3	155	1,456	9.4	1,403	9.1
4	AspenPointe (formerly Pikes Peak)	39,310	5.6	837	6,113	42,459	6.9	33,862	5.5
48	Aurora Mental Health Center	25,136	6.2	290	3,301	19,145	5.8	18,335	5.6
20	Axis Health Systems (formerly Southwest)	5,664	4.9	164	999	5,553	5.6	4,626	4.6
7	Centennial	5,717	4.3	148	1,307	7,778	6.0	5,179	4.0
15	Community Reach Center	36,641	5.5	524	5,017	43,172	8.6	43,061	8.6
51	Health Solutions (formerly Spanish Peaks)	17,197	5.3	519	3,084	15,768	5.1	16,678	5.4
18	Jefferson Center for Mental Health	33,822	3.2	1,880	7,466	29,588	4.0	22,898	3.1
23	Mental Health Partners (formerly Boulder)	15,272	5.6	232	2,346	13,346	5.7	10,949	4.7
38	MHCD - MH Center of Denver	73,332	12.2	616	5,586	30,494	5.5	62,091	11.1
2	Mind Springs Health (formerly Colorado West)	16,563	4.0	543	3,588	19,916	5.6	14,327	4.0
6	North Range Behavioral	23,175	4.9	893	4,100	20,697	5.0	20,271	4.9
24	San Luis Valley	6,178	6.1	113	913	5,604	6.1	5,493	6.0
45	Servicios de la Raza	31	1.7	5	17	151	8.9	44	2.6





OBH Planning, Funding, and Contracting Further Opportunities



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Further Opportunities

OBH Vision

1. Work with providers, other state agencies and community stakeholders to develop system to measure demand/need for behavioral health system.
2. Work with providers to further develop an annual report with industry standards, best practices, and other information to assist with identify gaps and need in the system.
3. With improvements to the above, develop budget requests to address need in the system that is supported by data and a solid business justification.

Needs & Opportunities

- Improved data as basis for measurement and monitoring services and funding
- Standardized performance reporting (Navigant)
- Population in Need (PIN) Study
- Behavioral Health Task Force to develop Blueprint
- Gap analysis to inform long range planning and budgeting
- Strategic alignment and transparency across stakeholders





Feedback

What worked well?

What should we prioritize for improvement?

Questions?



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Wrap Up

Goal

- Vision from 2018

Progress

- Themes from HCPF and OBH interviewing CMHC's
- Actions taken
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Plan

- Long term, strategic objectives

Expectations:

- ✓ Feedback, Q&A
- ✓ Alignment to goals
- ✓ Collaborative path forward





End



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