

Behavioral Health Safety Net Framework

*Create a comprehensive proposal to
strengthen and expand the behavioral health
safety net system in Colorado*

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Agenda

- Background on SB 19-222
- Model Overview
- Model Details
- Special Populations
- Implementation and Funding

SB 19-222, Statutory Directives for the Safety Net

The comprehensive safety net system proposal must, at a minimum:

- Identify **what behavioral health services each community must have access to** in each region of the state;
- **Develop a funding model** to ensure viability;
- **Address behavioral health provider licensing and regulations, housing, transportation, workforce**, any other barriers; and
- Set forth **criteria and processes, for when the needs of an individual referred to a safety net provider exceed the treatment capacity**.



Consumer Care Navigation and Coordination Gateway



Providers and Services

Low Acuity/ Complexity	Medium Acuity/ Complexity	High Acuity/ Complexity	Emergent/ Urgent Acuity
<p>Basic BH Outpatient Providers (FFS)</p> <ul style="list-style-type: none"> MH or SUD individual, group and family therapy Integrated primary care, six sessions Screening and assessment Minimal regulations and reporting outside of clinical license 	<p>Specialty and Enhanced Service Providers (FFS and VBP)</p> <ul style="list-style-type: none"> MH, SUD or co-occurring populations, SDoH-focus Specialty populations (e.g., criminal justice/re-entry, homeless, IDD, TBI, medically-complex, child welfare) Community outreach, harm reduction, home-based care, SEPs, CCBs, co-responders Covers enhanced benefit services (wraparound, care coordination, case management) Includes peer/non-clinical providers Some reporting/quality regulation 	<p>Comprehensive Safety Net Care Providers (VBP)</p> <ul style="list-style-type: none"> Provides treatment for SUD, MH and co-occurring services CMHC and CMHC-like Must accept all populations, regardless of payer, history or diagnosis Enhanced reimbursement, benefits, value-based payment High-intensity community-based care, outpatient certifications, specialty populations Family-based care, in home services, respite Peers, SDoH and non-clinical Value-based outcomes 	<p>Acute Services and Safety Net Supports (FFS and VBP)</p> <ul style="list-style-type: none"> Crisis hotline and virtual crisis support Consultation and technical assistance for specialty populations Hospitals and emergency departments MHIs, freestanding psychiatric hospitals and 27-65 facilities Walk-in services Residential, detox, CSUs and ATUs Continuity of Care Standards

Payers

<p>Intermediaries Managed Care, Regional Administrative & Care Coordination Structures</p>	<p>Contracts State and Local Contracts for Behavioral Health Services</p>	<p>Health Plans Medicaid, Medicare, Commercial</p>
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SB 19-222: Statutory Directives for the Safety Net

The safety net system must:

- **Proactively engage “hard-to-serve” individuals** with adequate case management and care coordination throughout the care continuum;
- **Utilize adequate networks for timely access to treatment**, including high-intensity behavioral health treatment and community treatment for children, youth, adults and other individuals;
- Require **collaboration with all local law enforcement and counties** in the area
- **Triage individuals who need alternative services** outside the scope of the safety net system;
- Promote **patient-centered care** and cultural awareness;



What Does this Change?

CDHS: Regulations and Rules

- Guaranteed access for individuals with complex needs
- Expands “the middle”
- Serving populations
 - Opportunity to grow “Centers of Excellence” for speciality populations or conditions
 - Better integration of other speciality providers
- Increases funding flexibility for whole-person care and social determinants of health
- Increases Integrated Services across the continuum
- New network adequacy standards,
- requirements for CMHCs and CMHC-like entities in exchange for more flexible, value-based payments



I. Statewide Systemic Barriers to Care:

Goal 1: Align regulatory framework to allow for an endorsement(s) by the BHA based on services and provider type.

Goal 2: Establish infrastructure to provide technical assistance and training to support the implementation of EBPs and other best practices in the delivery system.

Goal 3: Develop and scale innovative solutions.

Goal 4: Establish Quality Health Improvement Framework for the behavioral health safety net.

Goal 5: Establish a cohesive care coordination strategy to support care coordination activities at the client, provider, payer, and state level including clear opportunities to link social determinants of health to behavioral health services



I. Statewide Systemic Barriers to Care, cont'd...

Goal 6: Implement Alternative Payment Model strategies to support the delivery system.

Goal 7: Establish workforce standards to effectively strengthen the workforce and leverage unlicensed behavioral health aides.

Goal 8: Implement technology resources cross-agency data collection to develop clear behavioral health reporting for cost, quality, and outcomes and to reduce provider burden reporting to multiple state agencies in various ways.

Goal 9: Implement aligned partnerships with local and regional communities to ensure that community planning efforts for identification of needs, gaps, and cost sharing models are aligned and supported by the Comprehensive Safety Net Model.

Goal 10: Develop a client advocacy framework into the behavioral health delivery system to decrease stigma, improve outcomes and engage families in care.



II. Barriers to Culturally and Linguistically Competent Services for Priority Populations

Goal 1: Integrate policy and systemic approaches into the safety net framework to successfully organize services that meet the social, cultural, and linguistic needs of clients. Develop standards of care to ensure that services are equitable, culturally competent and meet the unique needs of populations that are historically underserved.



II. Barriers to Culturally and Linguistically Competent Services for Priority Populations

Goal 2: Develop centers of excellence to deliver culturally competent services and provide training and technical assistance for smaller provider organizations to fully build this capacity.

- Ensure delivery of adequate culturally competent safety net services including High Intensity Behavioral Health Treatment Programs for:
 - Black, Indigenous and People of Color (BIPOC)
 - Children, youth and families across Colorado including those involved in the Child Welfare system
 - Individuals with justice involvement including opportunities for diversion and re-entry services.
 - Individuals with disabilities with a focus on systemic barriers resulting from the “primary behavioral health diagnosis” that impacts access to care for individuals with disabilities.
 - Individuals with serious mental illness
 - Individuals experiencing homelessness or housing instability



Where Do We Stand with Plan Implementation?



Aligns with Goal 2 & 3

CDHS-OBH scaling Evidenced-Based Interventions, technical assistance and capacity building funds

- \$12M Leveraging state block grant funding to scale evidenced based practices across the state that align with Families First Act and align with increased access to High Intensity Behavioral Health Treatment Services.
- \$10M Capacity Building Grants to scale “high intensity treatment services”
- \$3.4M for housing support in partnership with DOLA

EBPs and Capacity Building

SB 19-222 Plan

Goal 2: Establish infrastructure to provide technical assistance and training to support the implementation of EBPs and other best practices in the delivery system.

Goal 3: Develop and scale innovative solutions.



Aligns with Goal 2 & 3:

HCPF Innovations:

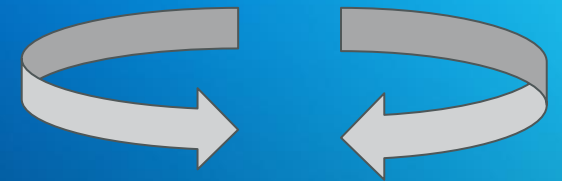
- **\$18M Wrap-around services for members with complex needs experiencing homelessness**
 - A pilot program for 500 Medicaid members with serious mental illness and a history of homelessness and repeat hospitalizations.
 - Members would get wraparound supportive services including peer supports, behavioral health services, supportive housing services, and emergency housing vouchers.
 - Work with national TA to develop long-term sustainability framework for the pilot
- **\$31M Expand the behavioral health safety net**
 - Expand high-intensity outpatient services
 - Provide training and technical assistance for providers to build this capacity
 - Align payment models and regulatory frameworks

Housing and Crisis

SB 19-222 Plan

Goal 2: Establish infrastructure to provide technical assistance and training to support the implementation of EBPs and other best practices in the delivery system.

Goal 3: Develop and scale innovative solutions.



Aligns with Goals 2, 7 and Increased Culturally and Linguistically Competent Care

Creation of a workforce development policies and strategies to support the behavioral health workforce (\$18M)

CDHS:

- Develop an online training curriculum for providers statewide to increase competencies in behavioral health disorders to support a high-quality, trained, culturally responsive, and diverse workforce.
- With the Department of Higher Education, develop fiscal incentives for lower-income and rural individuals in behavioral health degree programs.
- Provide training to the existing behavioral health care workforce to be certified in federally reimbursable services for Family First.

SB21-137 Workforce

SB 19-222 Plan:

Goal 2: Establish infrastructure to provide technical assistance and training to support the implementation of EBPs and other best practices in the delivery system.

Goal 7: Establish Workforce Standards to effectively strengthen the workforce and increase opportunities to leverage unlicensed behavioral health aides.



Aligns with Goal 2, 7 and Increased Culturally and Linguistically Competent Care

HCPF Innovations:

- **\$20M Training**
 - Develop a disability-specific, culturally competent curriculum that includes the different types of disabilities and incorporates people's lived experiences to help behavioral health providers understand diverse populations' perspectives.
 - Comprehensive training for case management practices to improve quality and consistency statewide will also be leveraged with behavioral health providers
 - Establishing a training fund targeted to high demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce.
- **\$375K Translation of Materials**
 - Translate member-facing case management materials such as waiver charts and other long-term services and support materials into all necessary languages.

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Aligns with Goal 4 & 8

Creation of an interoperable system for collecting and reporting on behavioral health outcomes for Colorado

CDHS:

- \$2.4M Crisis Application/website for telehealth crisis visits for clients as well as law enforcement response.
- \$2.3M Consolidated data collection and reporting that aligns with provider workflows and reduces provider burden
- \$600,000 Onboarding Behavioral Health Providers to Health Information Exchange that includes alerts for transitions for care
- \$26M Integration into the larger Social Health Information and Care Coordination platform.
- Bed Tracking System and Central Registry - Dimagi has been selected as the vendor for this infrastructure that will include decision support tools.

Data Collection Infrastructure

SB 19-222 Plan:

Goal 8: Implement technology and centralized resources for aligned data collection across state agencies in order to develop clear behavioral health reporting for cost, quality, and outcomes and to reduce provider burden reporting to multiple state agencies in various ways.

Goal 4: Establish Quality Health Improvement Framework for the behavioral health safety net.



Aligns with Goal 4 & 8

Creation of an interoperable system for collecting and reporting on behavioral health outcomes for Colorado

HCPF data collection initiatives:

Establish a statewide system for Behavioral Health services including eligibility determination, claims processing and submission system, and a data reporting.

The system will work to:

- Better access to care and confront equity issues faced by Coloradans
- Ensure affordability is addressed by maximizing cross agency dollars
- Bolster the workforce through training and ease administrative burden
- Create accountability through the creation of standards of care
- Offer and expand care coordination services to address social determinants of health.

Data Collection Infrastructure

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Goal 4: Establish Quality Health Improvement Framework for the behavioral health safety net.

Goal 6: Alternative Payment Models

HCPF Innovations:

- **\$1M ARPA Pay-for-Performance Work**
 - Transition from a fee-for-service methodology, which rewards for volume of services rather than the quality of the care provided to a pay-for-performance model in programs:
 - HCBS Waivers
 - Program for All Inclusive Care for the Elderly (PACE)
 - Home Health Services
 - Entails complex financial modeling and data analysis to ensure the provider payments are sufficient for each of the programs.
 - Involves strong stakeholder engagements with providers

Alternative Payment Models

SB 19-222 Plan

Goal 6: Implement Alternative Payment Model strategies to adequately support the delivery system.



Many Goals!

Additional HCPF Innovation

- 100% funded CRSE Grant: Create a mobile crisis response benefit available statewide (\$860,000)
- \$21M grants to communities for:
 - Behavioral health service gaps
 - Specialized AI/AN Behavioral Health funding
 - Training and technical assistance to increase capacity
 - Transition programs for members returning to the community
 - Expand behavioral health mobile crisis teams
- Support Acute Treatment Units (ATU) & Crisis Stabilization Units (CSU)

Additional ARPA Projects



Aligns with Goal 5 & 10:

Care Coordination-website and mobile application that serves as a centralized and cross-payer gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support. (\$26M)

CDHS Next steps:

- 1) Convene working groups of diverse stakeholders to provide feedback and recommendations that inform the care coordination infrastructure and tools on the gateway..
- 2) Develop corresponding policies including “when a patient exceeds the capacity of the delivery system.”
- 3) Identify vendor to assist in user design process and design of care coordination gateway that incorporates the expertise of people with lived experience to streamline access, reduce stigma and improve client education

SB21-137 Care Coordination

SB 19-222 Plan

Goal 5: Establish a cohesive care coordination strategy to support care coordination activities at the client, provider, payer, and state level including clear opportunities to link social determinants of health to behavioral health services.

Goal 10: Implement shared input into regulatory standards and develop a client advocacy framework into the behavioral health delivery system to decrease stigma, improve outcomes and engage families in care



Aligns with Goal 5 & 10:

Care coordination is a website and mobile application that serves as a centralized and cross-payer gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support.

HCPF Innovation

- Expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more.
- This initiative includes grants to help connect small clinics and CBOs to the health information exchange and access the functionality.

SB21-137 Care Coordination

SB 19-222 Plan

Goal 5: Establish a cohesive care coordination strategy to support care coordination activities at the client, provider, payer, and state level including clear opportunities to link social determinants of health to behavioral health services.

Goal 10: Implement shared input into regulatory standards and develop a client advocacy framework into the behavioral health delivery system to decrease stigma, improve outcomes and engage families in care



Aligns with Goal 9:

Develop a tool kit to outline the continuum of care for children and adolescents and continuum for adults. Support communities is aligning initiatives to prioritize necessary investments for intensive community-based resources.

CDHS next steps:

- 1) Working with a vendor to develop toolkit leveraging 3 pilot communities
- 2) Mapping OBH investments at the local level to identify gaps in the continuum of care.
- 3) Develop final draft tool kit to support communities in prioritizing investments for capacity building.

Local Planning & Tool Kit

SB 19-222 Plan

Goal 9: Implement aligned partnerships with local and regional communities to ensure that community planning efforts for identification of needs, gaps, and cost sharing models are aligned and supported by the Comprehensive Safety Net Model.

Aligns with Goal 9:

Develop a tool kit to outline the continuum of care for children and adolescents and continuum for adults. Support communities is aligning initiatives to prioritize necessary investments for intensive community-based resources.



HCPF INNOVATION:

Develop child/youth step-down programs for members with Autism Spectrum Disorder, intellectual and developmental disabilities, and other dual diagnoses.

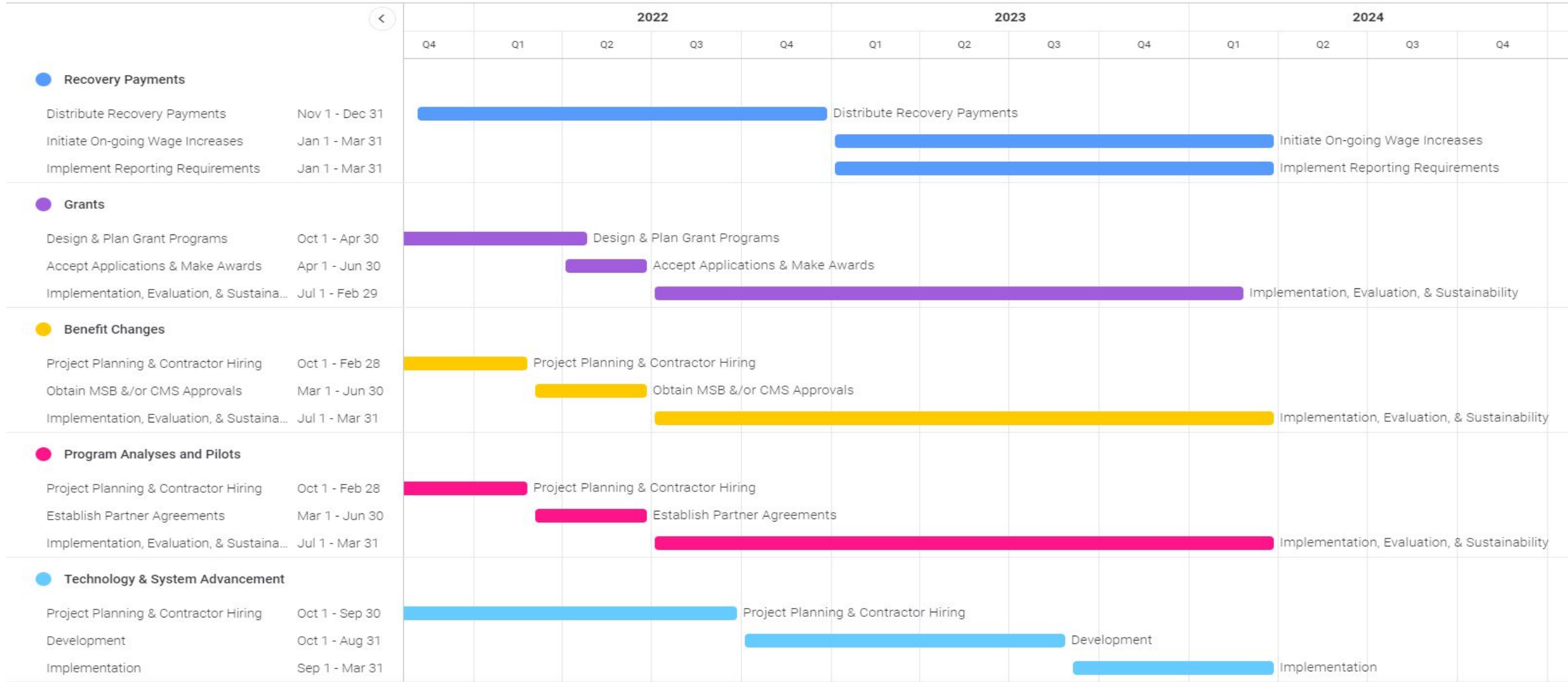
- Develop a viable step-down treatment program including location, licensing and payment options in Colorado and expand current step-down services between hospitals and a short-term residential placements.

Local Planning & Tool Kit

SB 19-222 Plan

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ARPA Timeline



Next Steps Toward Implementation

Model submitted July 1, '21- CDHS BH Reform Page:

Proposal to Expand the Safety Net System: Per SB 19-222, CDHS worked with stakeholders to develop a comprehensive proposal to strengthen and expand the safety net system. This document outlines the key goals and steps required to close the gaps in the current delivery system and ensure that individuals with the most difficult-to-treat mental health disorders receive services.

