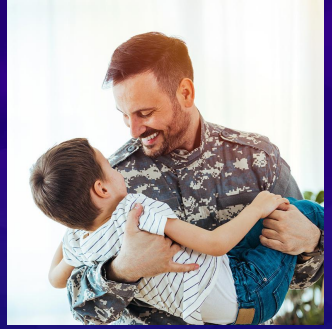
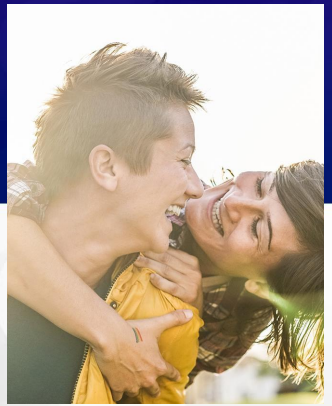




BHA Advisory Council

December 21, 2022

COLORADO
Behavioral Health Administration

Welcome

Call to Order, Roll Call and Meeting Overview

Agenda

Meeting Agenda		
Call to Order, Roll Call and Meeting Overview	Co-Chairs	15 min
Public Comment	Co-Chairs / BHA Staff	10 min
Introduce BHA's Director for Equity & Community-Guided Practice	Angelina Callis	5 min
Follow-Up on Trauma-informed Training	Kelli Reidford	15 min
Governance Committee report-out	Tasha Koncar	10 min
Workgroup Structure	Co-Chairs	20 min
Break		10 min
BHA Commissioner Briefing: BHASO Design Conversation Follow-Up	Dr. Medlock	60 min
BHA's Draft Strategic Vision & Plan	Yumiko Dougherty	20 min
What's Going on in Colorado - Prevention, Intervention, Treatment, Recovery	All	10 min
Closing		

Housekeeping Items

- All Council Members are able to unmute; please raise hand to be acknowledged
- Prior to speaking, please identify yourself
- Chat feature is open for all attendees - however, substantive comments/questions may not be addressed in real time
    - Council will determine how to address any public comments/questions we do not get to today
- Recording is in progress for note-taking purposes and for any Council Members not in attendance
- All future meeting dates, agendas, and minutes will be posted to the BHA website
- Any questions or comments regarding the Council or BHA can be submitted via the “Contact Us” section of the BHA website

Group Agreements

- Listen and engage respectfully
- Differences of opinion are natural and useful
- Have an open mind, be curious and be bold
- Everyone has equal voice and valuable contribution - take space, make space
- Keep to time and agenda, start and end meetings on time
- No acronyms, please!

Public Comment

Introduction: BHA Director for Equity & Community-Guided Practice

Angelina Callis

Follow Up: Trauma, Triggers & Boundaries Training

Kelli Reidford

Governance Sub-Committee Update

Tasha Koncar

Workgroup Structure

Workgroup Structure

- Per Statute:
  - BHAAC has authority to create **workgroups** focused on **topics of need**, in collaboration with the BHA, and to support in problem solving and developing solutions
  - The BHA can create **committees** within the Council to **meet state and federal requirements**
- Other Existing Councils:
  - Behavioral Health Planning & Advisory Council (BHPAC)
  - Mental Health Advisory Board for Service Standards and Rules
  - Child and Youth Mental Health Services Standards Advisory Board
- Other Groups and Committees (e.g. Administrative Burden Work Group)

Break

Commissioner Briefing

Behavioral Health Administrative Service Organization (BHASO) Planning Update

COLORADO
Behavioral Health Administration

Values Commitment

Our Values

COLLABORATION

Working in partnership to realize a holistic behavioral health vision

COMMUNITY-INFORMED PRACTICE

Integrating evidence-based guidance with lived expertise

EQUITY

Naming root causes of injustices and allocating the necessary resources to support desired outcomes

GENERATIONAL IMPACT

Engaging in meaningful and thoughtful action to create a new legacy

TRUTH

Being transparent and accurate when addressing the people of Colorado

Impact at the individual level

We believe in and advocate for all people in Colorado having:

- Comprehensive, effective, and equitable care across their lifespan
- Preventive and responsive supports – whether they are the recipient of care or a caregiver – that are reflective of their needs as they evolve over time
- Clear guidance on how to access care when, where, and how they need it
- Trauma-informed and culturally and linguistically responsive care
- Affordable access to high-quality behavioral health services outside of emergent care or the criminal justice system
- Interactions with a behavioral health workforce dedicated to the transformation of mental health service delivery practiced with cultural humility

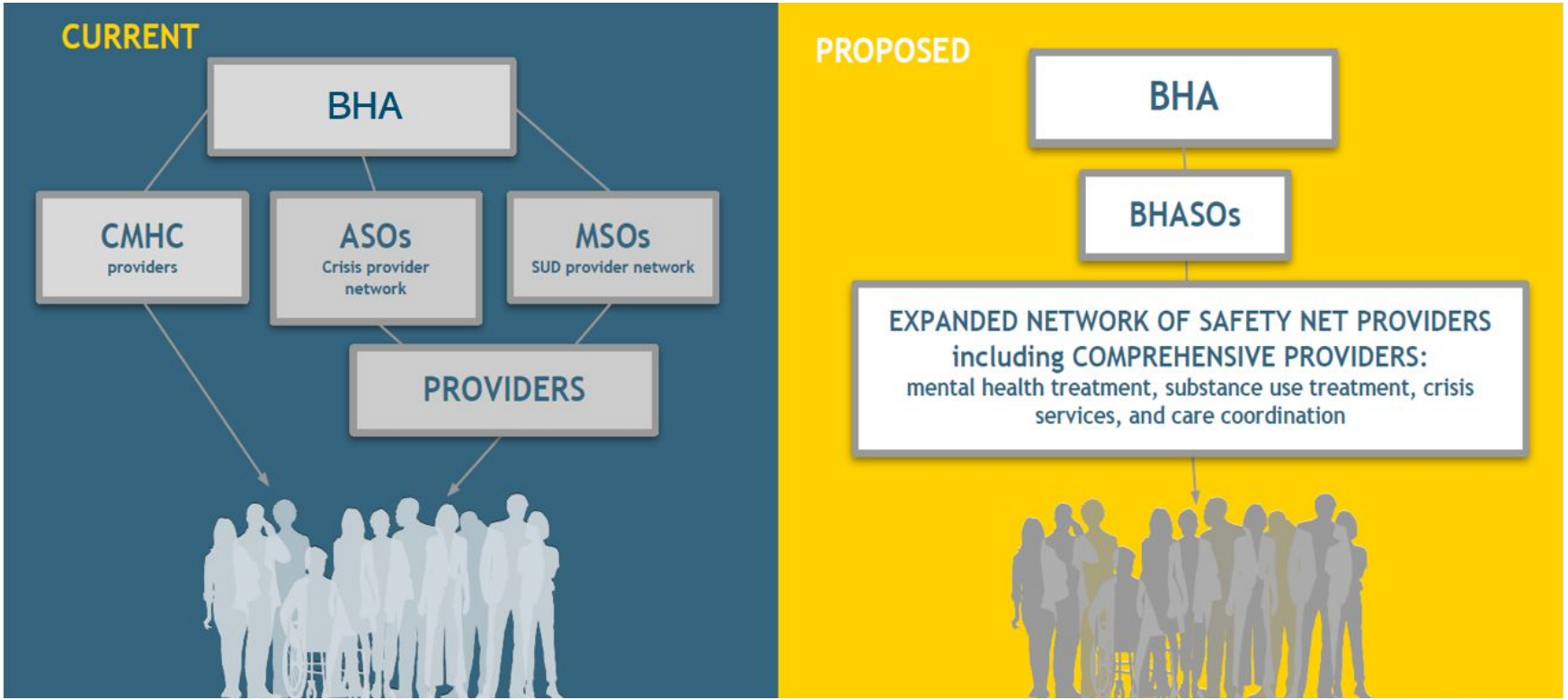
Impact at the system level

- Lack of a **shared vision** for behavioral health with multiple separate and disconnected strategies
- **Fragmented and uncoordinated funding** strategies and priorities
- **Duplication of processes**:
  - Provider networks
  - Standards
  - Payment models
  - Licensure/Designation
  - Regulatory requirements and administrative expectations
  - Data measures/reporting
- **Disparate accountability**
- **Lack of transparency**

- A **shared vision** for behavioral health with a clear and coordinated strategy cross payer and cross-sector
- **Planned, strategic funding for a future state of behavioral health with maximized federal dollars**
- **Streamlined processes**:
  - Provider networks
  - Standards
  - Payment models
  - Licensure/Designation
  - Regulatory requirements and administrative expectations
  - Data measures/reporting
- **Clear accountability**
- **Public transparency**

BHASO Design

Streamline Regional Services and Support



The BHASOs will:

1. Help individuals and families initiate behavioral health care and ensure timely access to service.
2. Consolidate substance use disorder Managed Service Organization and crisis services Administrative Service Organization structures and will include services offered by Community Mental Health Centers.
3. Provide a continuum of behavioral health safety net services and care coordination.
4. Interface and align with the Regional Accountable Entities that manage services and provide care coordination for Medicaid members.

BHASO Regional Approach

Two Regional BHASOs based on Data and Stakeholder Feedback

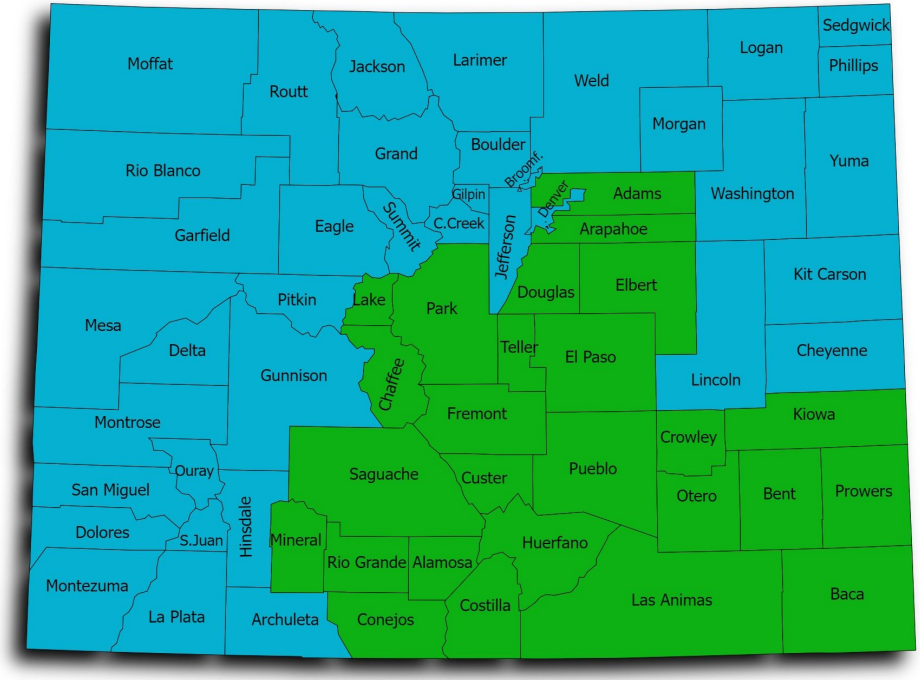
- Data shows that the counties selected are most **alike** in population, demographics, Medicaid utilization, behavioral health needs and healthcare utilization.
- Two (2) regions minimizes the confusion for the individual needing care versus multiple regional BHASOs. **This is key to stakeholders.**
- Two (2) regions minimizes the administrative burden to providers to contract, bill and coordinate care for their individuals served. **This is key to stakeholders.**
- By having 2 regional BHASOs, less state dollars are spent on administrative costs and more dollars are going into the services needed in the behavioral health system and those in need of behavioral health services. **This is key to stakeholders.**
- More opportunity to align services across current regions and with the RAEs. **This is key to stakeholders.**
- The Regional Advisory Committees will work with the assigned BHASO in their region and not report to multiple BHASOs across several regions.

Foundational Data for Selecting Regions

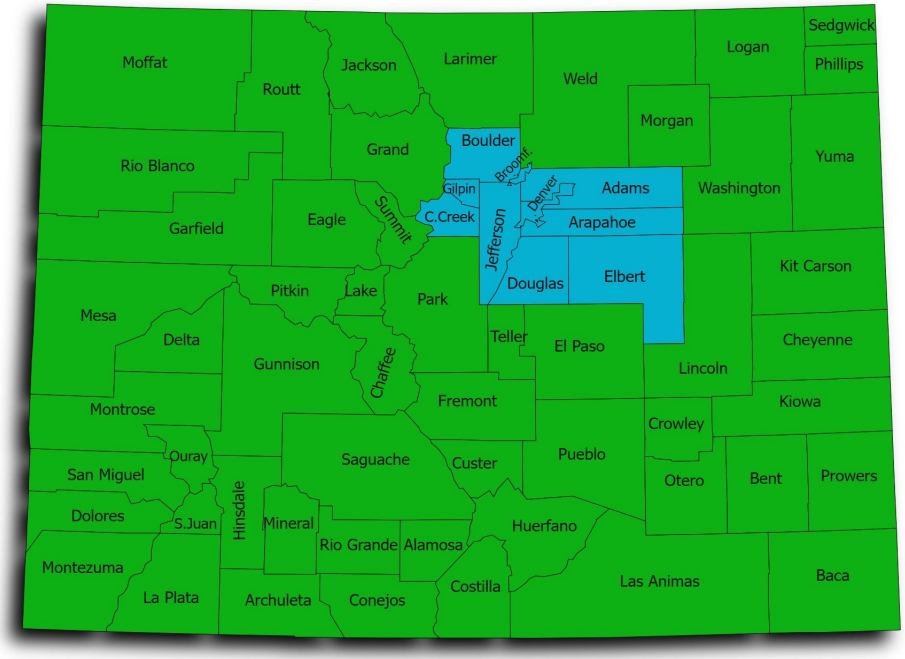
Table 7: Regions Doing Worse than State on Behavioral Health Need Key Indicators (as Indicated by Darker Red)

Region	Poor Mental Health Days Among Adults [17]	Safety Net Score	Rate of Behavioral Health ED Visits per 1,000 people[18]	Death Due to Suicide[19] (# Counties within Region)	Death Due to Drug Overdose [20](# Counties within Region)
Region 1			✓	✓ (5)	✓ (2)
Region 2				✓ (2)	
Region 3					
Region 4	✓	✓	✓	✓ (11)	✓ (10)
Region 5			✓		
Region 6			✓		
Region 7	✓			✓ (2)	✓ (2)

Analysis: Proposed Regions Scenario 1

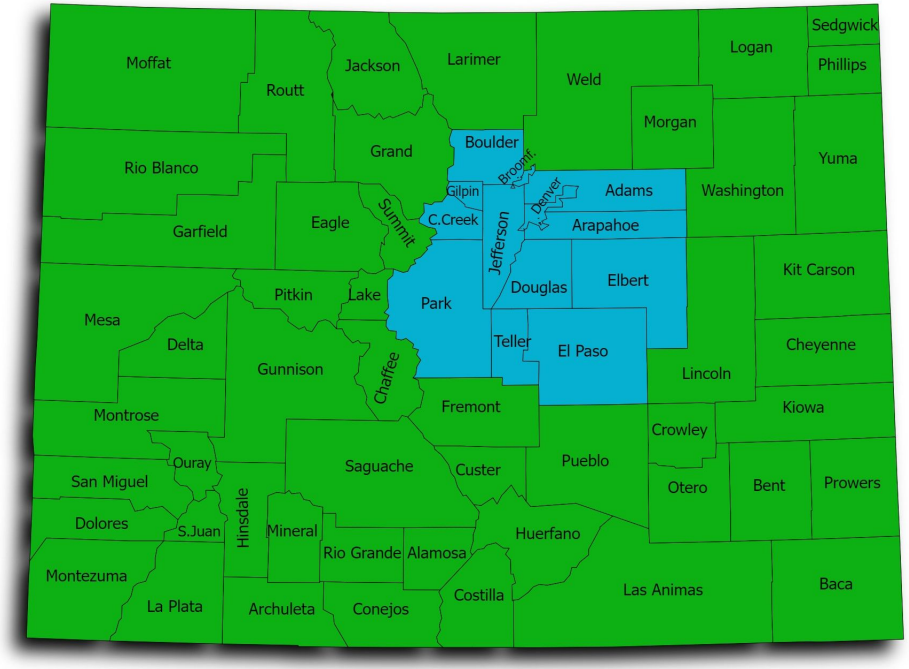


Analysis: Proposed Regions Scenario 2



BHASO 1
BHASO 2

Analysis: Proposed Regions Scenario 3

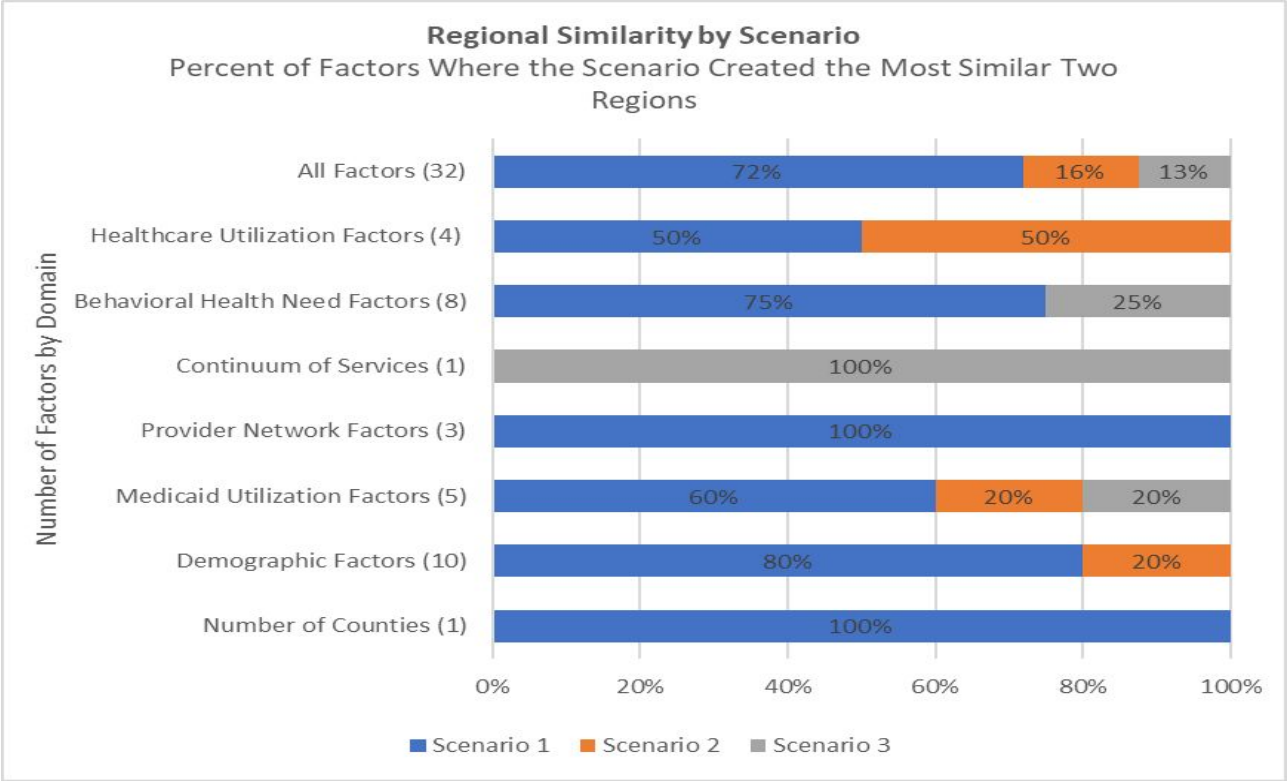


BHASO 1

BHASO 2

Regions Analysis: Data Comparing Scenarios

Scenario one (1) results in regions that are the most similar in the characteristics below.



Regions Analysis: Data Sources

- American Community Survey Data (2016-2020 and 2019)
- Health First Colorado (HCPF) (SFY 2018-2019)
- Colorado Department of Public Health and Environment, Colorado Health Systems Directory, Primary Care Office (2020)
- SAMHSA Locator (2020)
- BRFSS (2018)
- Colorado Health Institute (2019)
- Colorado Violent Death Reporting System and American Community Survey (2014-2018)
- CDPHE (2014-2018)
- Colorado Health Association (2015-2019)
- ArcGID Community Analyst (2019)
- Colorado Department of Human Services, Office of Behavioral Health, 2020 Statewide Behavioral Health Needs Assessment, Appendix A and Main Summary

Regions Analysis: Network Proximity

- In Colorado's 2020 Needs Assessment, an analysis was conducted to assess the extent to which Health First Colorado providers and CMHC locations met the network adequacy standards used by RAEs (i.e., 30-mile radius for urban counties, 60 miles for rural counties and 90 miles for frontier).
- Using these standards, it was determined that technically the safety net population has access to a CMHC or Health First Colorado provider within these network standards.
- There are SDOH and geographical barriers (i.e., mountain ranges) that prevent people from accessing the care they need even if it is within these standards or proximity.
- BHASO can leverage the use of telehealth to improve access to care and proximity issues.

Care Coordination

Process of Defining Care Coordination

BHA Care Coordination Levels proposed by the BHA are based on the Behavioral Health Care Coordination Policy Workgroup recommendations (the full report can be found here).

Workgroup definition recommendations were edited to:

- Describe specific activities and expectations for each level of care coordination
- Ensure enforceability and accountability through behavioral health licensing rules
- Align with state behavioral health legislation and national CCBHC care coordination definitions

Care Coordination Level definitions will also include reference to **BHA Care Coordination Standards of Care** which will further describe best practices and expectations related to frequency of contacts and acuity levels.

Proposed Umbrella Care Coordination

Person-centered, trauma-informed, and culturally responsive activities that support individuals and families in accessing and engaging in the physical health, behavioral health, and social services needed to achieve whole person health.

Care coordination activities include deliberately organizing individual care activities and timely sharing of information among all of the participants concerned with an individual's care.

There will be three levels of care coordination included under this definition.

Proposed Level 1 Care Coordination

Addresses straightforward needs through information and occasional assistance to help navigate the complexities of the physical and behavioral health care and social service systems.

Level 1 services are provided in accordance with BHA Standards of Care.

Care Coordination Level 1 Services

- Triage
- Advocating for the person within the healthcare system
- Conducting screenings to identify the person's priorities, goals, and the barriers they face
- Creating and supporting an immediate plan of action for whole-person health promotion and well-being
- Providing accessible and culturally meaningful resources and information, including to resource directories
- Conducting application assistance and warm hand-offs to access appropriate resources and care
- Providing trustworthy, ethical, and caring support in every interaction with each person and family
- Facilitating transitions to other levels of care coordination as needed

Proposed Level 2 Care Coordination

Addresses complex needs requiring multiple partners across sectors to work together as a team with the individual and family. The care coordination team provides dedicated support through trusted relationship.

Level 2 services are provided in accordance with BHA Standards of Care.

Care Coordination Level 2 Services

- Conducting comprehensive assessments to develop and support long-term care plans across sectors to address each person's and family's priorities, goals, and barriers they face
- Providing outreach, planning, problem- solving, advocacy, education, and self-management support
- Coordinating with partners that are trained to provide specialized services, including but not limited to risk stratification, discharge planning, transition planning, prior authorization, insurance appeal, and medication reconciliation
- Convening across peer support networks and physical health, behavioral health, social service, and community-based providers
- Facilitating transitions to other levels of care coordination

Care Coordination Level 2 aligns with "care coordination" as required of a comprehensive community behavioral health provider as defined in to C.R.S. 27-50-101(11) and behavioral health safety-net services pursuant to C.R.S. 27-50-301(3)(a)(XII).

Proposed Level 3 Care Coordination

Addresses complex needs requiring multiple partners across sectors to work together as a team with the individual and family.

The care coordination team provides intensive support through trusted relationships.

Level 3 services are provided in accordance with BHA Standards of Care.

Care Coordination Level 3 Services

- Providing Level 1 and Level 2 services at a higher frequency or length of time
- Serving as a convener on behalf of people with complex care needs and multiple providers, bringing healthcare and community-based service providers together for the purpose of care planning and coordination
- Outreaching and engaging intentionally with the person and health care partners to build necessary trust and support

Care Coordination Level 3 aligns with “care management” as required of a comprehensive community behavioral health provider as defined in C.R.S. 27-50-101(11) and behavioral health safety-net services pursuant to C.R.S. 27-50-301(3)(a)(IX).

Providers of Care Coordination by Level

1. Will be defined within rule as part of base BHE license. Provided by essential safety net providers, comprehensive community behavioral health providers, and the individual provider network, including primary care providers.

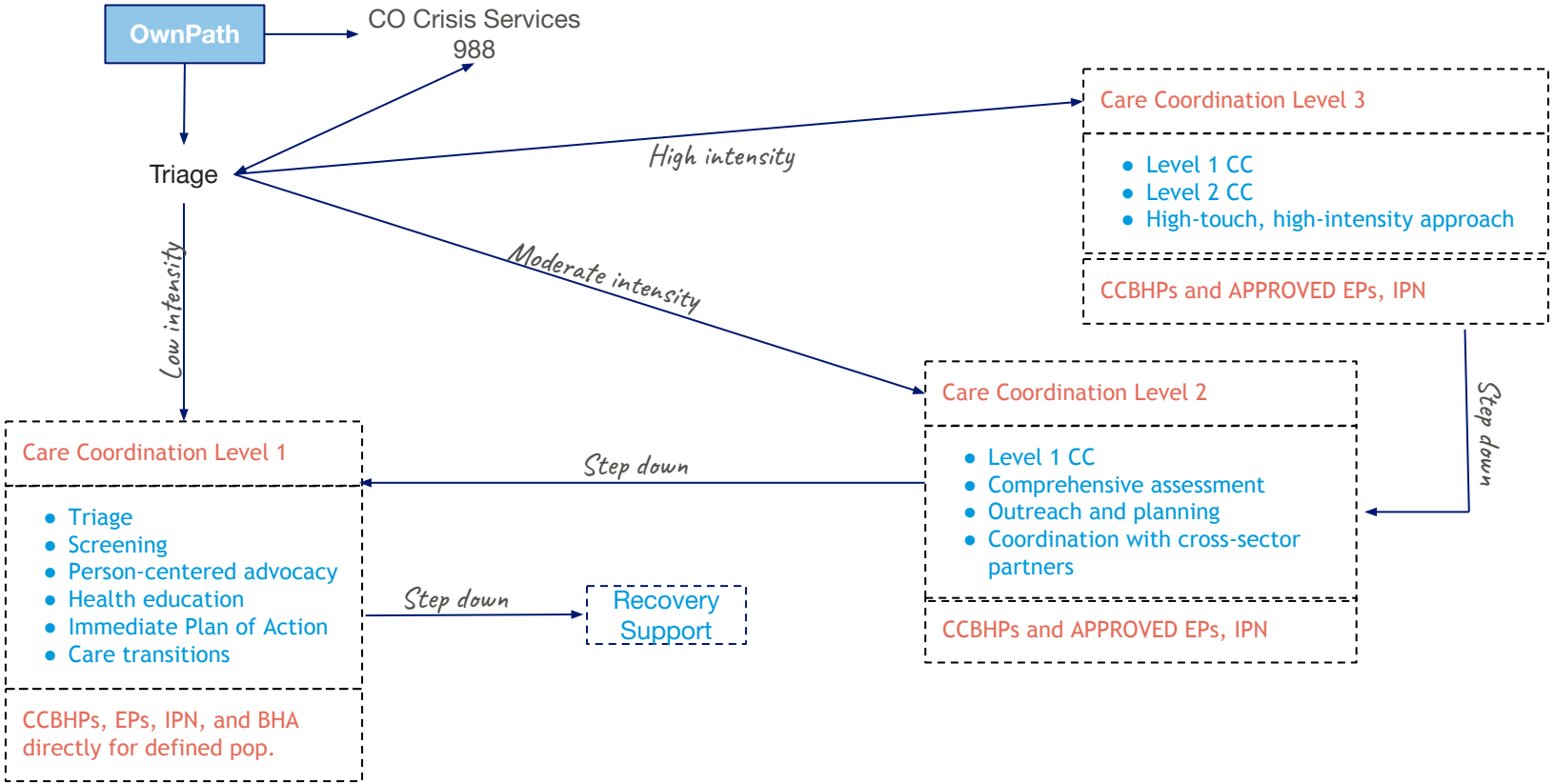
2. Comprehensive community behavioral health providers must provide Level 2 Care Coordination. May also be provided by essential safety net providers, and the individual provider network, including primary care providers, with BHA approval.

3. Comprehensive community behavioral health providers must provide Level 3 Care Coordination. May also be provided by essential safety net providers, and the individual provider network, including primary care providers, with BHA approval.

ROLE OF BHASOs

Establish a network of providers that ensures all 3 levels of care coordination are available.

Proposed Care Coordination Overview



Next Steps & Areas of Collaboration

Finalize definitions

Standards of Care

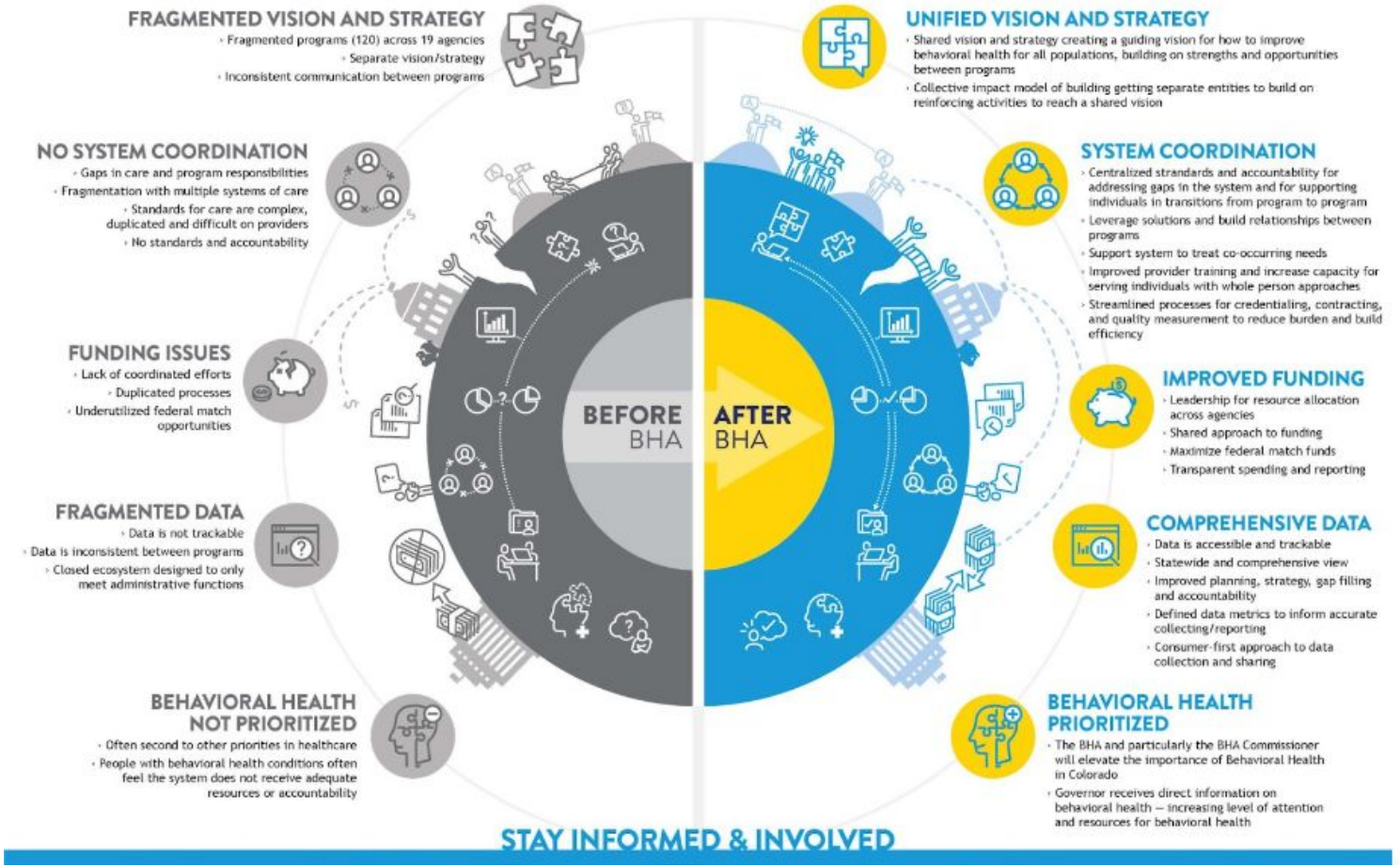
- Frequency of Contacts
- Acuity/Target Populations

Standard Criteria for Determining Level of Care Coordination

Establishing interface between BHA and HCPF/Medicaid care coordination functions

- Definitions
- Activities
- Priority populations
- Leveraging federal financing
- BHASO & RAE expectations

A Transformational Change for Colorado's Behavioral Health System



Public Comment

BHA Strategic Vision & Plan Highlights & Next Steps

The Behavioral Health Administration (BHA) is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.

Because we believe all people in Colorado deserve to experience whole-person health, we envision a world in which behavioral health services in Colorado are accessible, meaningful, and trusted. Therefore we have made it our mission to co-create a people-first behavioral health system that meets the needs of *all* people in Colorado.

Values Commitment

Our Values

COLLABORATION

Working in partnership to realize a holistic behavioral health vision

COMMUNITY-INFORMED PRACTICE

Integrating evidence-based guidance with lived expertise

EQUITY

Naming root causes of injustices and allocating the necessary resources to support desired outcomes

GENERATIONAL IMPACT

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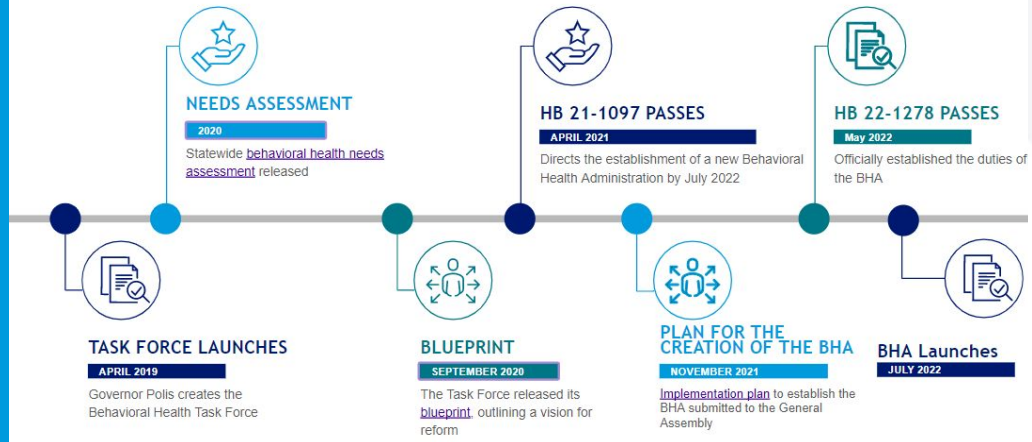
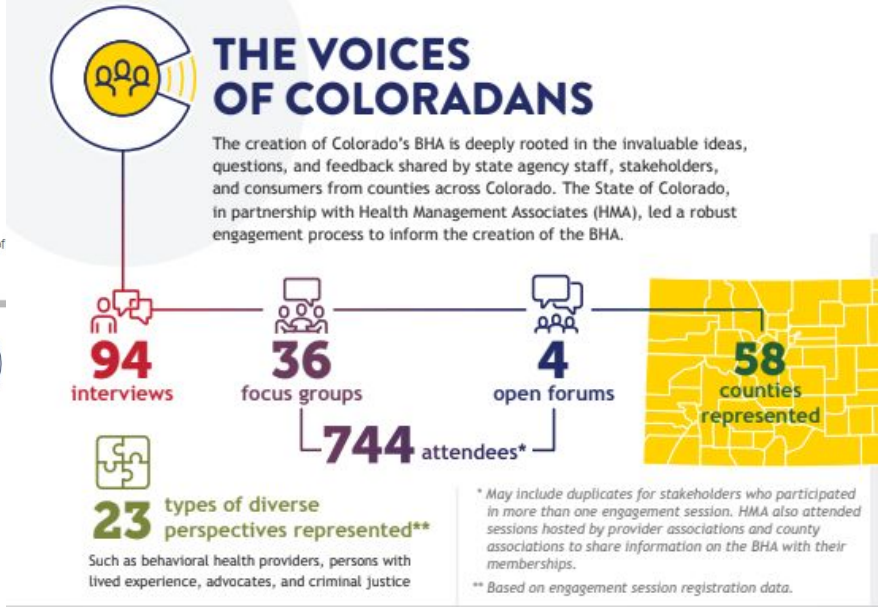
TRUTH

Being transparent and accurate when addressing the people of Colorado

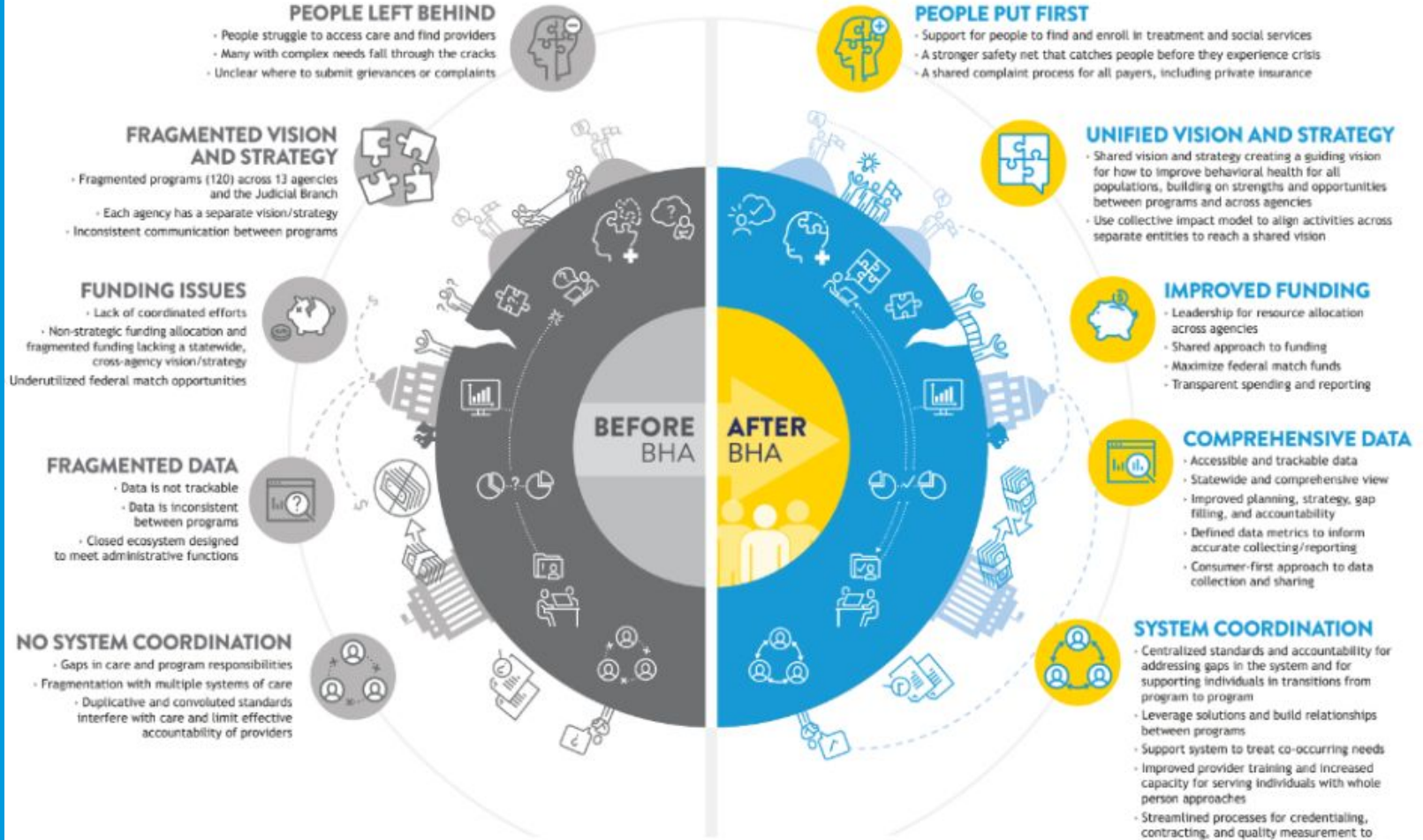
How We Got Here

Building from a strong foundation that has been years in the making





A Behavioral Health System that Works for Coloradans



PEOPLE LEFT BEHIND

- People struggle to access care and find providers
- Many with complex needs fall through the cracks
- Unclear where to submit grievances or complaints

FRAGMENTED VISION AND STRATEGY

- Fragmented programs (120) across 13 agencies and the Judicial Branch
- Each agency has a separate vision/strategy
- Inconsistent communication between programs

FUNDING ISSUES

- Lack of coordinated efforts
- Non-strategic funding allocation and fragmented funding lacking a statewide, cross-agency vision/strategy
- Underutilized federal match opportunities

FRAGMENTED DATA

- Data is not trackable
- Data is inconsistent between programs
- Closed ecosystem designed to meet administrative functions

NO SYSTEM COORDINATION

- Gaps in care and program responsibilities
- Fragmentation with multiple systems of care
- Duplicative and convoluted standards interfere with care and limit effective accountability of providers

PEOPLE PUT FIRST

- Support for people to find and enroll in treatment and social services
- A stronger safety net that catches people before they experience crisis
- A shared complaint process for all payers, including private insurance

UNIFIED VISION AND STRATEGY

- Shared vision and strategy creating a guiding vision for how to improve behavioral health for all populations, building on strengths and opportunities between programs and across agencies
- Use collective impact model to align activities across separate entities to reach a shared vision

IMPROVED FUNDING

- Leadership for resource allocation across agencies
- Shared approach to funding
- Maximize federal match funds
- Transparent spending and reporting

COMPREHENSIVE DATA

- Accessible and trackable data
- Statewide and comprehensive view
- Improved planning, strategy, gap filling, and accountability
- Defined data metrics to inform accurate collecting/reporting
- Consumer-first approach to data collection and sharing

SYSTEM COORDINATION

- Centralized standards and accountability for addressing gaps in the system and for supporting individuals in transitions from program to program
- Leverage solutions and build relationships between programs
- Support system to treat co-occurring needs
- Improved provider training and increased capacity for serving individuals with whole person approaches
- Streamlined processes for credentialing, contracting, and quality measurement to reduce provider burden and build efficiency

The Behavioral Health Ecosystem: An Expanded Perspective

If we are to truly promote whole person well-being and healing, then we need to:

- Re-imagine behavioral health as a broader ecosystem
- Push much further upstream and start with historical and current social and structural inequities - the drivers and creators of social risk factors
- Not only talk about equitable access to services, but also equitable access to the living conditions necessary to thrive

→ In other words, we believe that promoting behavioral health starts well before a diagnosis

In Development: Visual representation of the ecosystem; more detail around BHA-endorsed continuum of care

How We Do Our Work

To achieve this expanded vision, we must approach our work differently

- The path to Generational Impact, a core value of the BHA, is **networked governance**
  - Behavioral Health Interagency Council
  - Joint Information Center
  - Formal Agreement Documents
- Driven by our core values of Collaboration and Community Informed Practice, the BHA leans into the power of **co-creation**
  - BHA Advisory Council
  - Communities as experts
  - Nothing for us without us
- Our core value of Equity means we collaborate to serve **all Coloradans**
  - Public and private sector
  - Across payers
  - Across lifespan

Long-Term Strategic Outcomes

Build and retain a BHA team whose work embodies the BHA's values of truth, collaboration, community informed practice and generational impact; and who strive for excellence and accountability through an integrated and networked approach that results in a trusted and respected organization.

Build and maintain an equitable, easy to access, behavioral health system of care that meets the needs of the whole person, no matter who they are, no matter where they are in the state with a diverse, skilled, supported workforce that meets the state's diverse needs.

Develop a highly accountable behavioral health system that prioritizes transparent performance standards, quality improvement, data integration.

Drive coordination and collaboration with and across state agencies, and with counties and regions statewide to support a community-informed model of excellence for behavioral health services and payment across the continuum.

Plan Organization

- Anchored first in our Values
- Organized by Pillar
- Aligned with 19 BHTF Priorities
- Interagency spotlights

Core Value #1: TRUTH

ACCESS

Strategies around: Building a continuum that includes a strong crisis services system to reduce reliance on our criminal justice system for care

Interagency Spotlights: Criminal Justice Collaboration & OeHI

Whole Person Care

Strategies around: Enhancing care coordination infrastructure and services, and working with our cross-system partners

Core Value #2: Equity

Interagency Spotlights: DORA, CDPHE, DOLA, CDHS

Access

Strategies around: Developing a single point of entry with "no wrong door", and ensuring parity between mental health and substance use disorder services

Accountability

Strategies around: Calling out and addressing disparities in care access, delivery, and outcomes for specific and marginalized populations

Whole Person

Strategies around: Ensuring that those with the highest-intensity needs receive the appropriate level of care and case management.

Core Value #3: Collaboration

Interagency Spotlights: HCPF

Affordability

Strategies around: Ensuring adequate rates of payment and reimbursement across all payers, payment sources, and service types

Workforce

Strategies around: Reducing the administrative burden for providers while maintaining a high level of accountability

Accountability

Strategies around: Designating a single fiscal management system to account for all publicly funded behavioral health services

Core Value #4: Community-Informed Practice

Interagency Spotlights: BH Ombudsman, CDLE, CDHE

Access

Strategies around: Building out continuums of care that are responsive to local needs and address current disparities

Local Guidance

Strategies around: Establishing and engaging advisory groups to provide ongoing guidance on system improvements

Workforce

Strategies around: Expanding a culturally competent workforce and supporting and funding the use of non-traditional workforce

Core Value #5: Generational Impact

Interagency Spotlights: CDE, CDEC, CDA, DPA

Affordability

Strategies around: Developing a cohesive behavioral health financing strategy that maximizes federal dollars and blends and braids various funding streams

Accountability

Strategies around: Identifying priority or underserved populations and developing population-specific standards of care to promote health equity

Local Guidance

Strategies around: Supporting communities in identifying service gaps, while also providing sustainable funding opportunities to invest in locally-developed solutions

What’s Going on in Colorado - Prevention, Intervention, Treatment, Recovery

Community Updates & General Discussion

Thank You!

Next Meeting:
February 23, 2023 (1 PM - 4 PM)

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