

State of Colorado Behavioral Health Administration

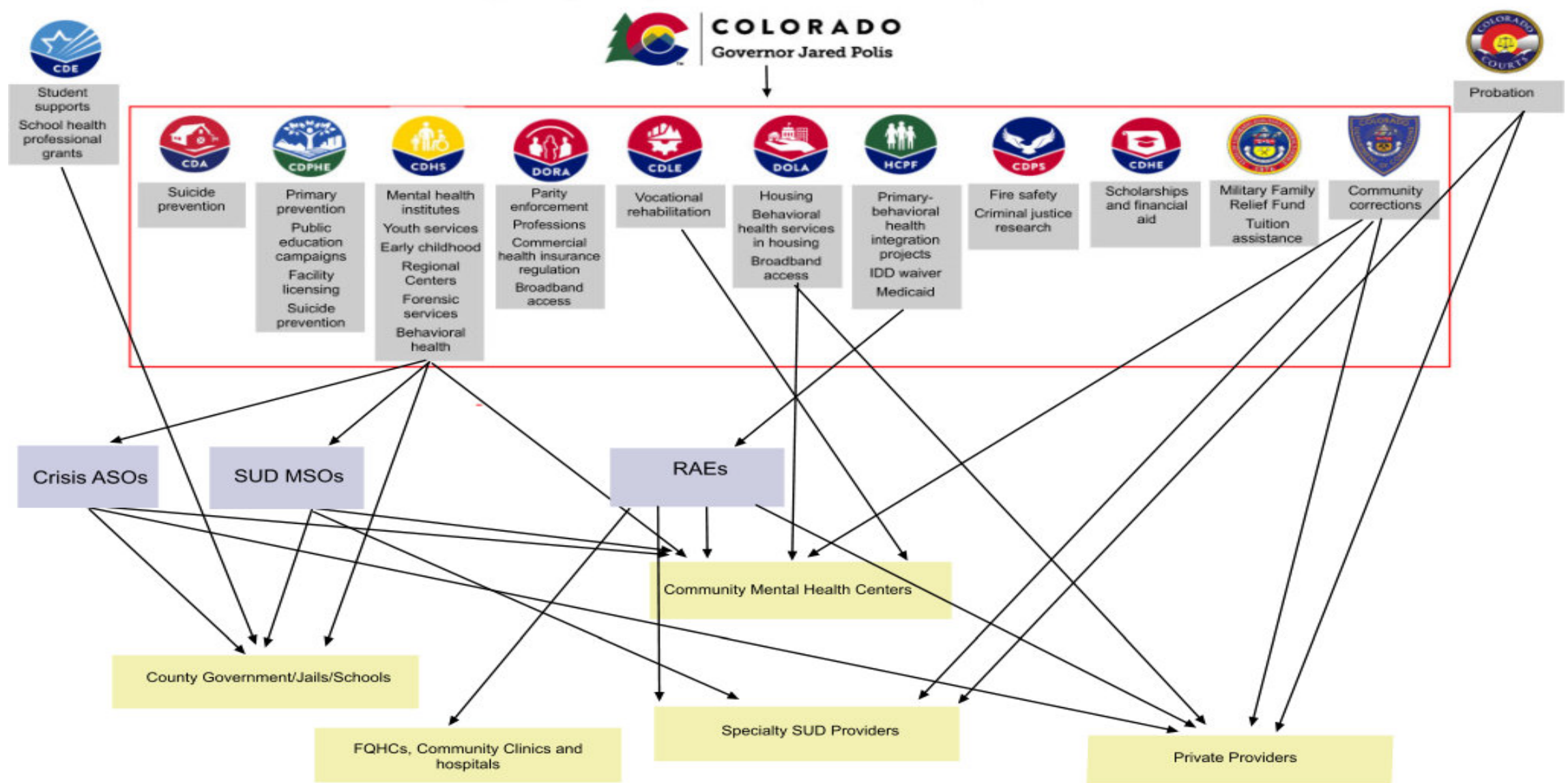
Behavioral Health Administrative Services
Organization (BHASO) Planning

BHAAC Meeting
November 30, 2022

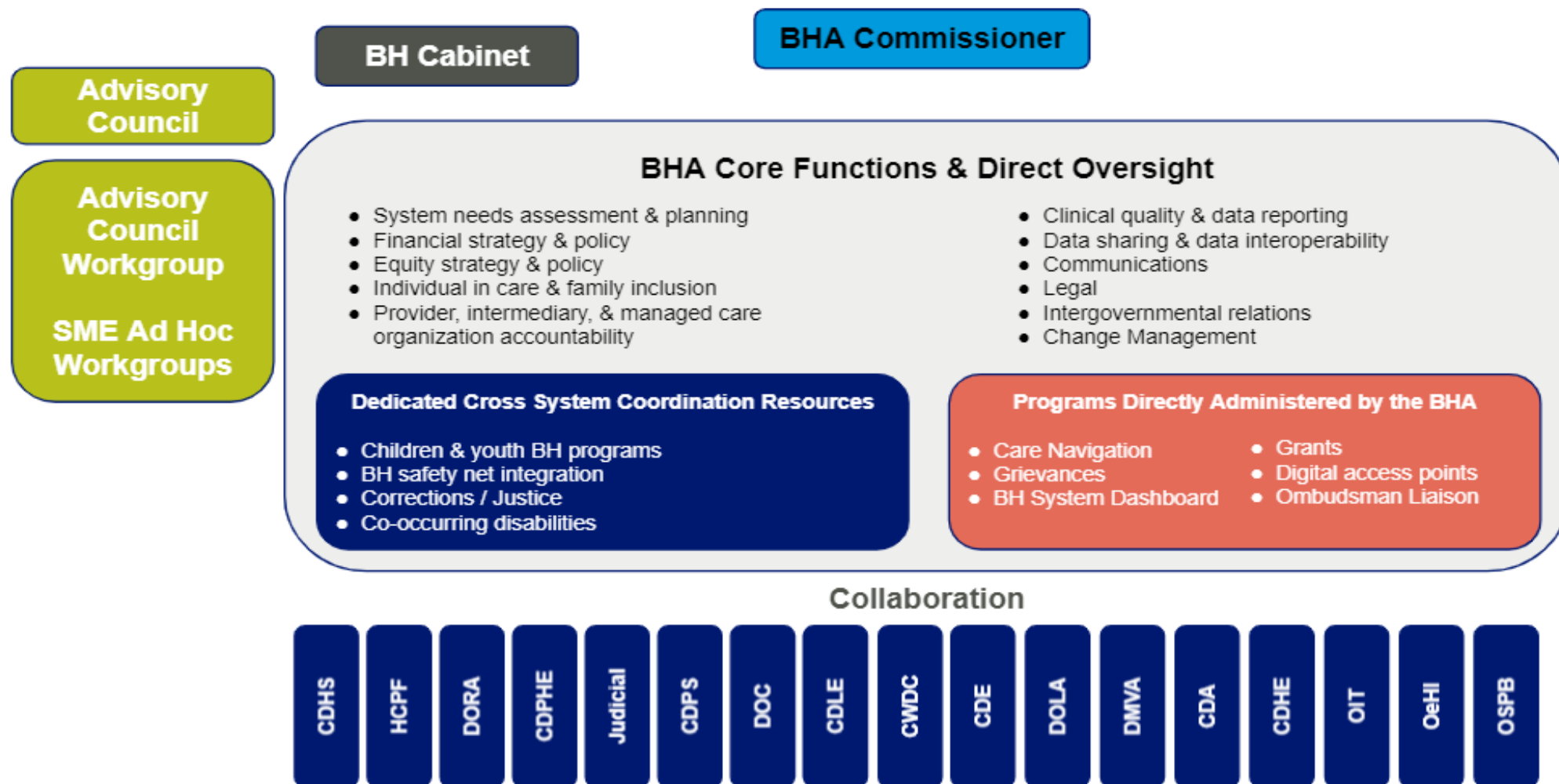


COLORADO
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The current system is convoluted.

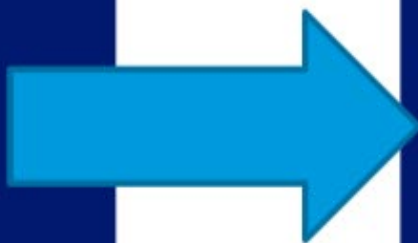


The BHA Model



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



Impact at the individual level

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

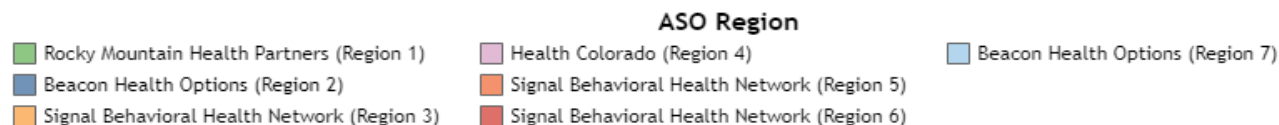
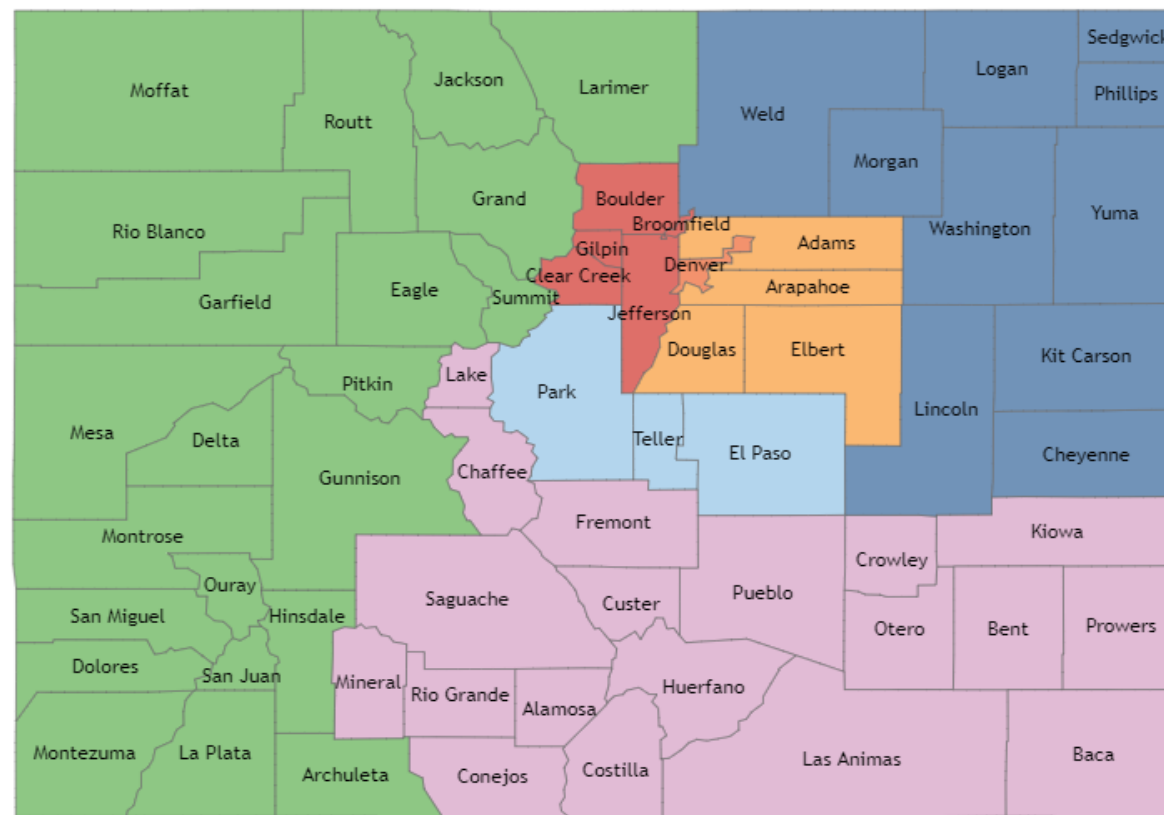
- Comprehensive, effective, and equitable care across their lifespan
- Preventive and responsive supports - whether they are the recipient of care or a caregiver - that are reflective of their needs as they evolve over time
- Clear guidance on how to access care when, where, and how they need it
- Trauma-informed 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

Current Crisis ASO Role and Regions

4 ASOs currently contracted with BHA within 7 regions

Role of the ASO

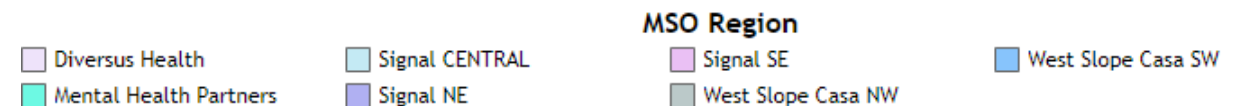
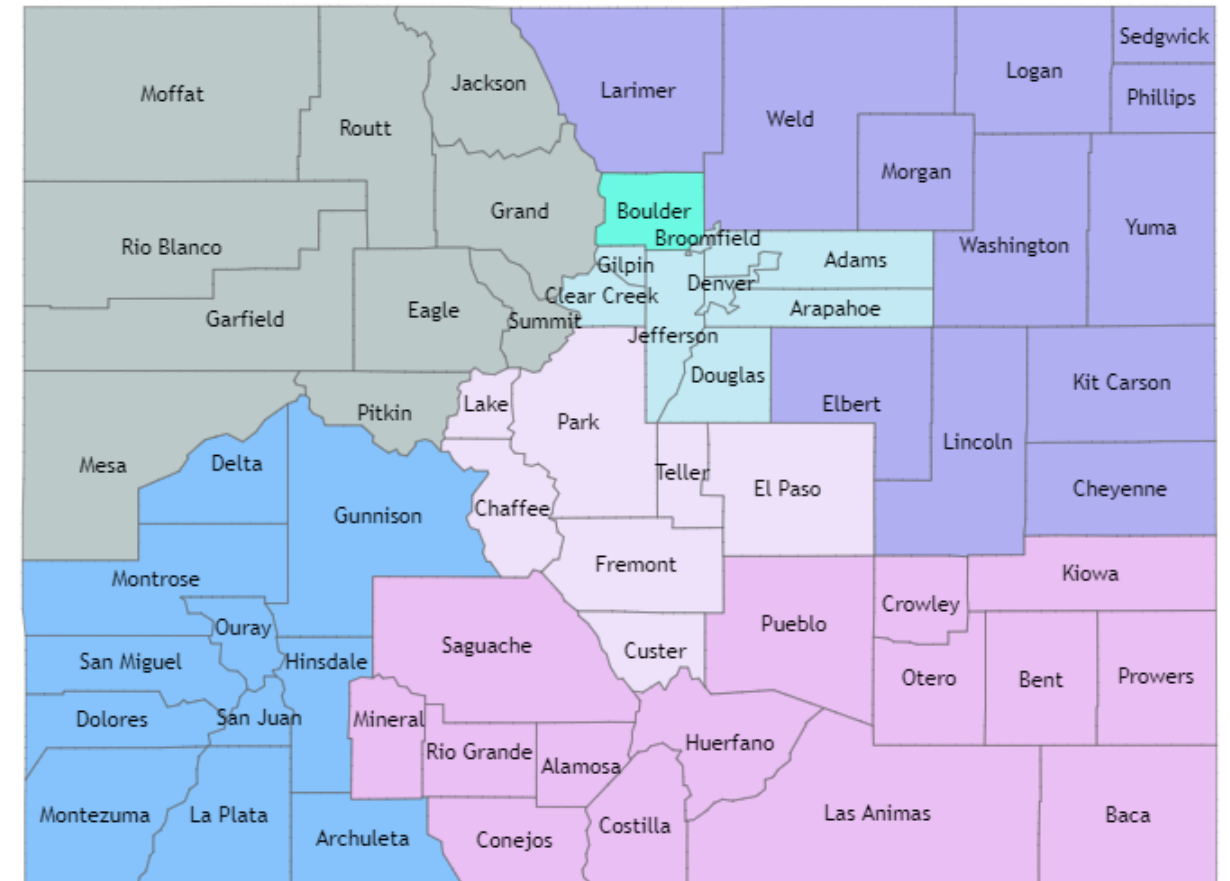
- Contact for crisis services
 - Crisis line
 - Crisis evaluation centers
 - Mobile crisis
 - Follow-up
- Create a network of crisis providers across region
- Monitor provider performance
- Collect and report data to BHA on crisis services and outcomes



Current MSO Regions & Role

4 MSOs currently contract with BHA within 7 regions
Different regions from RAEs and ASOs

- Contract for SAMHSA block grant SUD services & other SUD funding
 - Withdrawal management
 - Outpatient & IOP
 - Residential
 - Psychiatric medication & MAT
 - Specialized services
 - Recovery supports
 - Priority populations
 - Prevention/Early Intervention
- Create a network of specialty SUD providers for each region
 - Some are also Medicaid providers
 - Some are NOT Medicaid providers
- Monitoring provider performance
- Management of state, county and judicial district funding
- Data collection and reporting

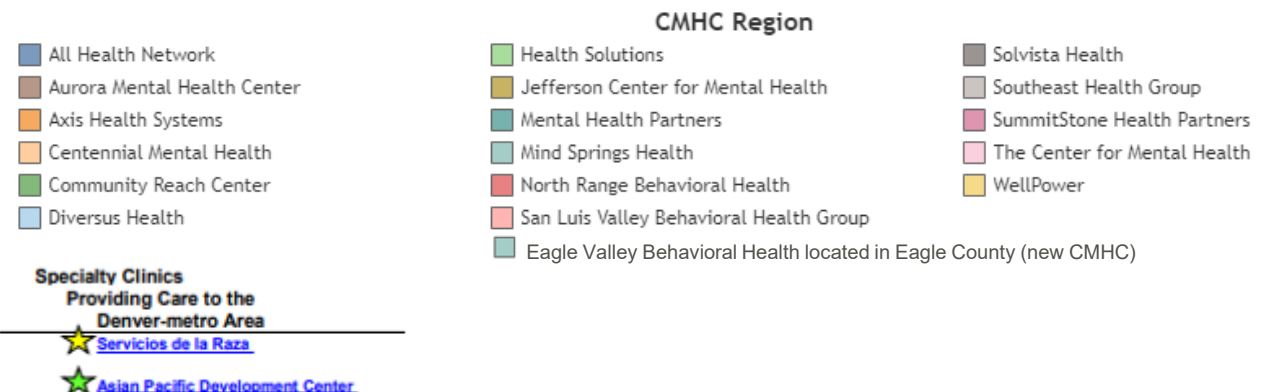
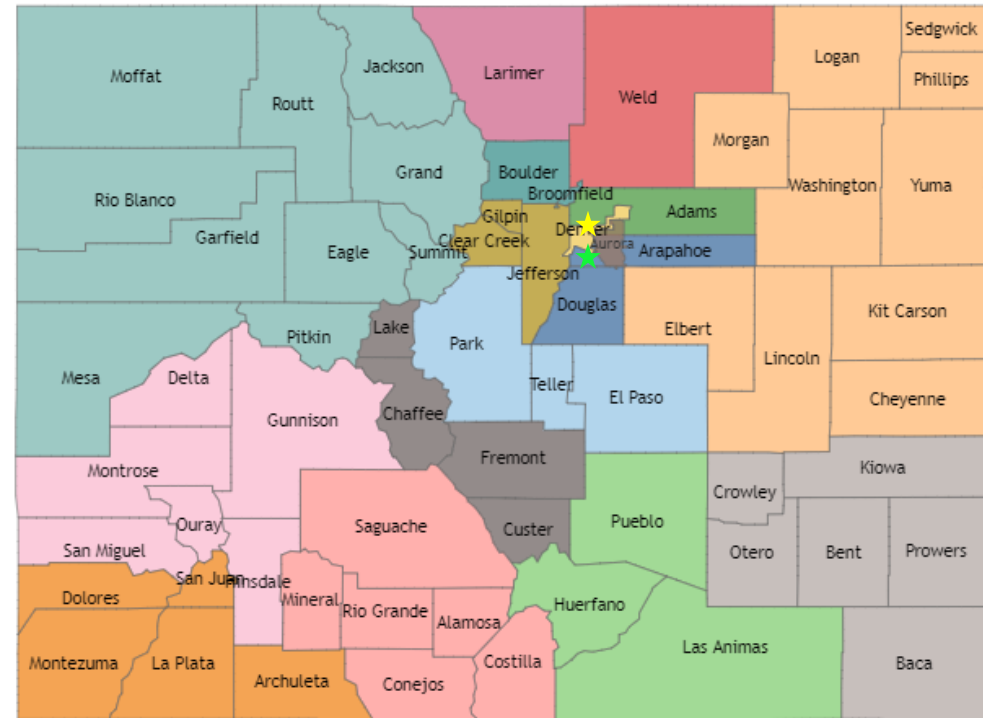


BHA CMHC Contacts

- Contracts with CMHCs include:
 - Inpatient services
 - Outpatient services
 - Includes intensive care such as dialectical behavior therapy, assertive community treatment
 - Partial hospitalization
 - Emergency services
 - Consultation and educational services

- Additional services
 - Competency evaluation
 - Transitions in care from Mental Health Hospitals

- Additional Specialty Grants





In accordance with state statute, the BHASOs will:

1

Help individuals and families initiate behavioral health care and ensure timely access to service

3

Provide a continuum of behavioral health safety net services and care coordination

2

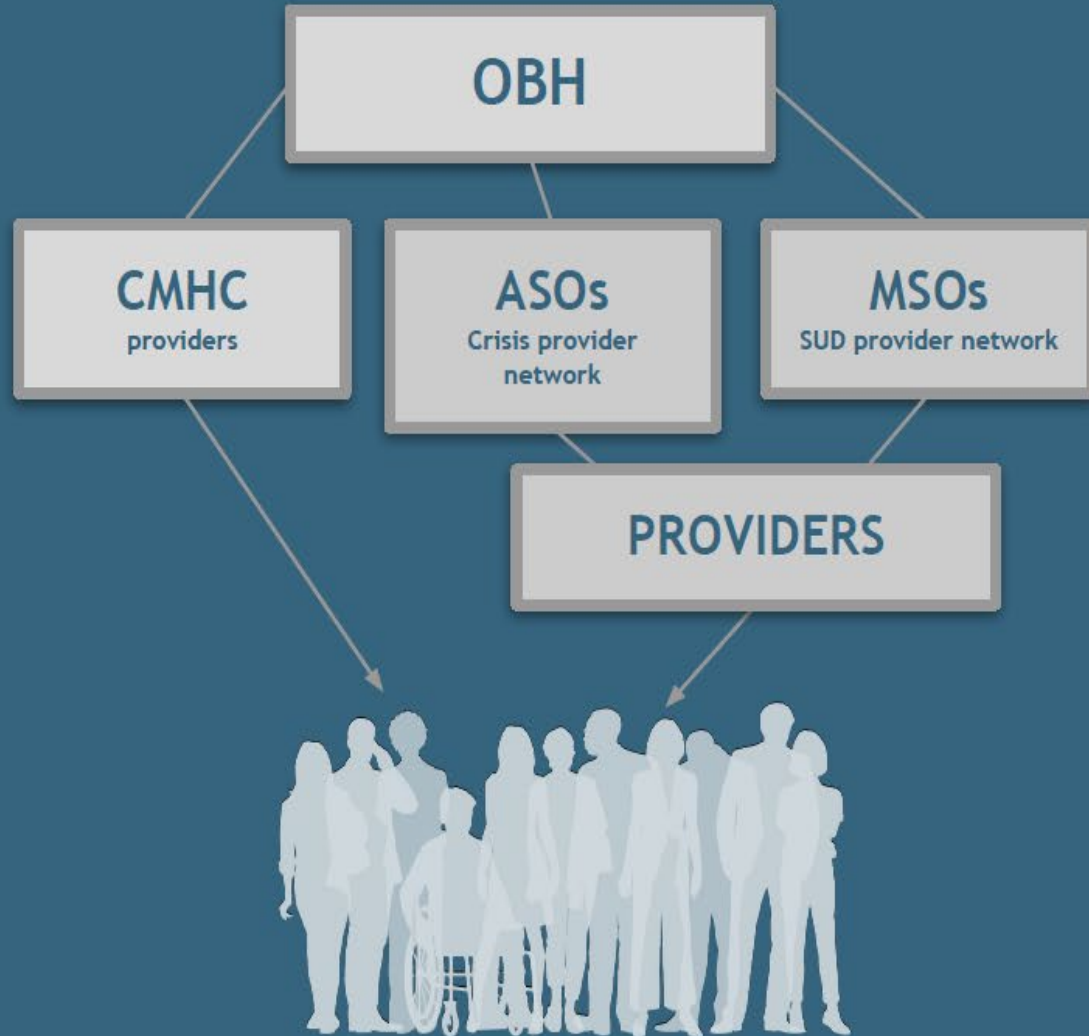
Consolidate substance use disorder Managed Service Organization and crisis services Administrative Service Organization structures and will include services offered by Community Mental Health Centers

4

Interface and align with the Regional Accountable Entities that manage services and provide care coordination for Medicaid members

BHASO's to Streamline Regional Services and Support

CURRENT



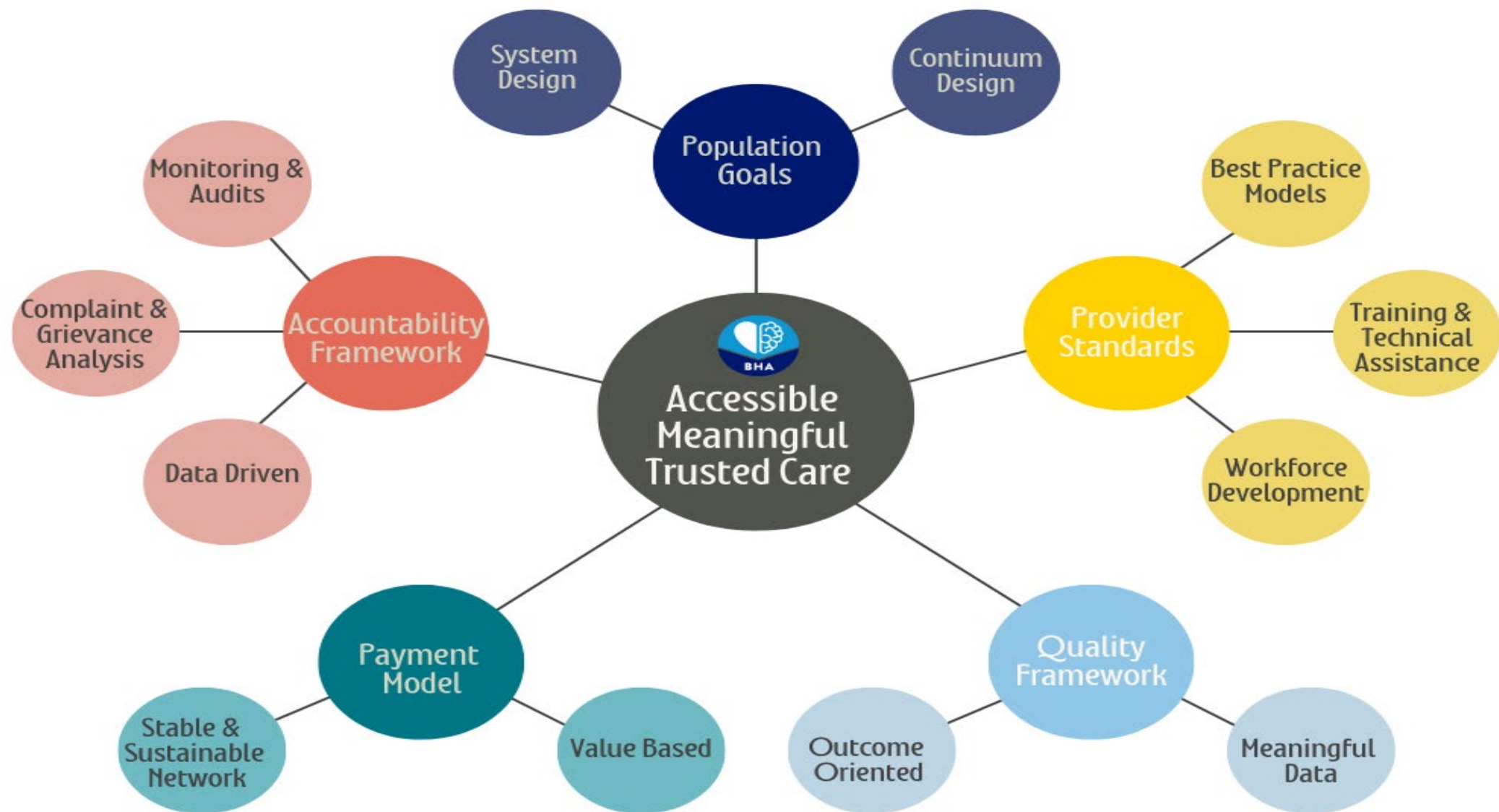
PROPOSED



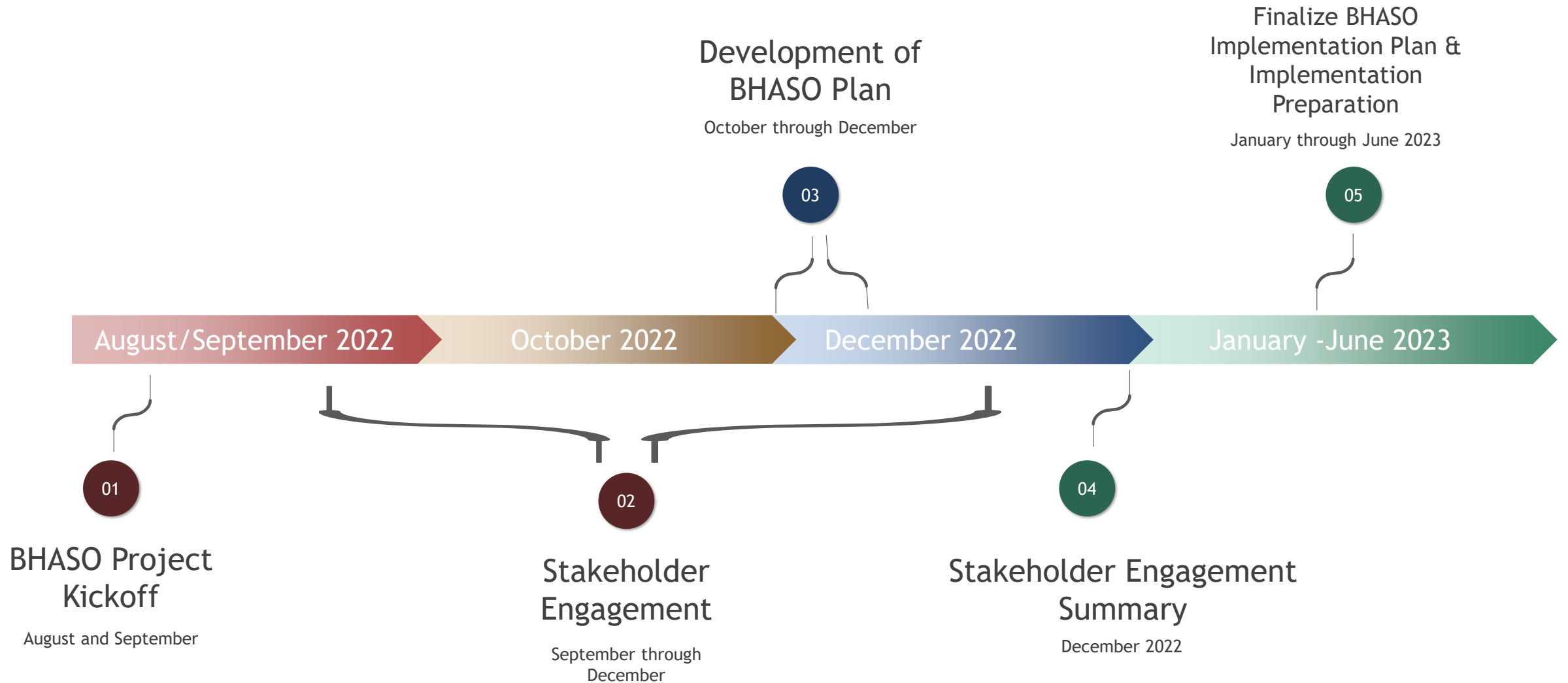
Behavioral Health Administrative Services Organization Background & Overview

- The BHASOs must be established no later than July 1, 2024
- BHASOs will operate on a regional basis as determined by the BHA
- Entities will participate in a competitive process (RFP) to become a BHASO
- Advisory Councils will provide diverse community input on the challenges and gaps in the BH system as well as input on solutions and strategic planning

Behavioral Health Administration Framework

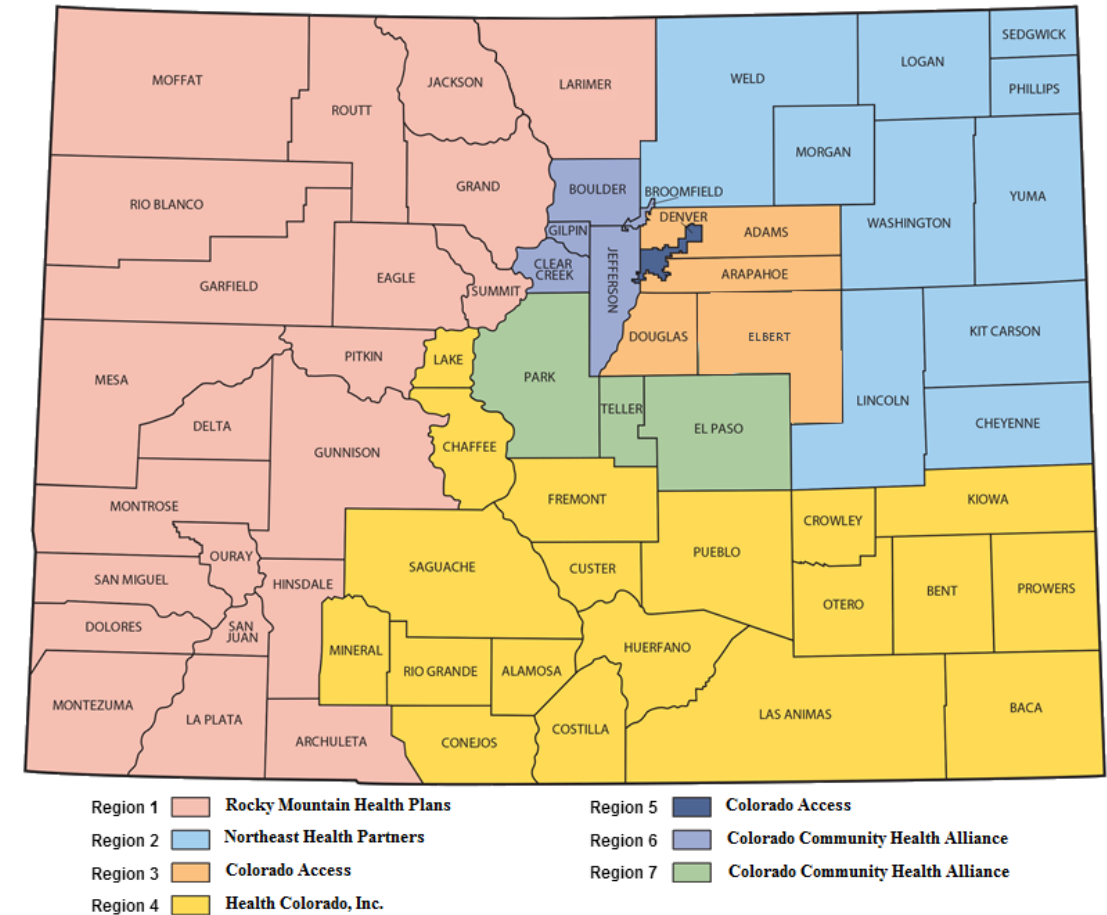


BHASO Plan Development & Implementation Timeline



Role of RAE (Regional Accountable Entity)

- BHA works in close collaboration with Health Care Policy and Financing (HCPF) on behavioral health benefit design and implementation.
- The RAEs are a key partner for HCPF in implementing the Medicaid benefit for both physical and behavioral health services.
- 7 RAE Regions
- RAEs provide:
 - Contracting with providers to ensure access regionally
 - Supporting specific service needs by region
 - Payment for BH services which includes review of services and authorization for members to receive specific services
 - Monitoring of quality and key performance goals
- RAE is responsible for care coordination for the Medicaid Member (physical and behavioral health)
 - RAEs can and do delegate care coordination to providers



Next Steps

- Maintain focus on a person-centered approach
- BHA and HMA will continue to work together to develop BHASO Implementation Plan
- BHA will seek feedback on design elements from BHAAC
- Determine subcommittee structure to support BHASO design



Thank you.

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