

Accountable Care Collaborative

Phase III

Children and Youth Deck





COLORADO

Department of Health Care
Policy & Financing



Informing Strategy. Advancing Health.



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Why: Our Goals for Phase III

- Improve quality care for members
- **Close** health disparities and **promote** health equity
- **Improve** care access
- **Improve** the member and provider service experience
- **Manage** costs to protect member coverage and benefits, and provider reimbursements

How: Pathways to Success

Simplifying Systems

**Incentivizing Better
Outcomes**

What: Priority Initiatives



Improving Member Experience



Alternative Payment Methodologies



Accountability for Equity and Quality



Children and Youth



Improving Referrals to Community Partners



Behavioral Health Transformation



Care Coordination




Technology and Data Sharing

What: Priority Initiatives

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Children & Youth

Vision

Build a system of care that is family-centered, trauma-informed and complete across the continuum for children, youth, families and caregivers that recognizes the distinct needs of this population--from identification of need to treatment.

Issues to Address in Phase III

Payment strategies inadequately supporting services

Administrative burden [families + providers]

Lack of a full continuum of care

Inconsistent care coordination across systems

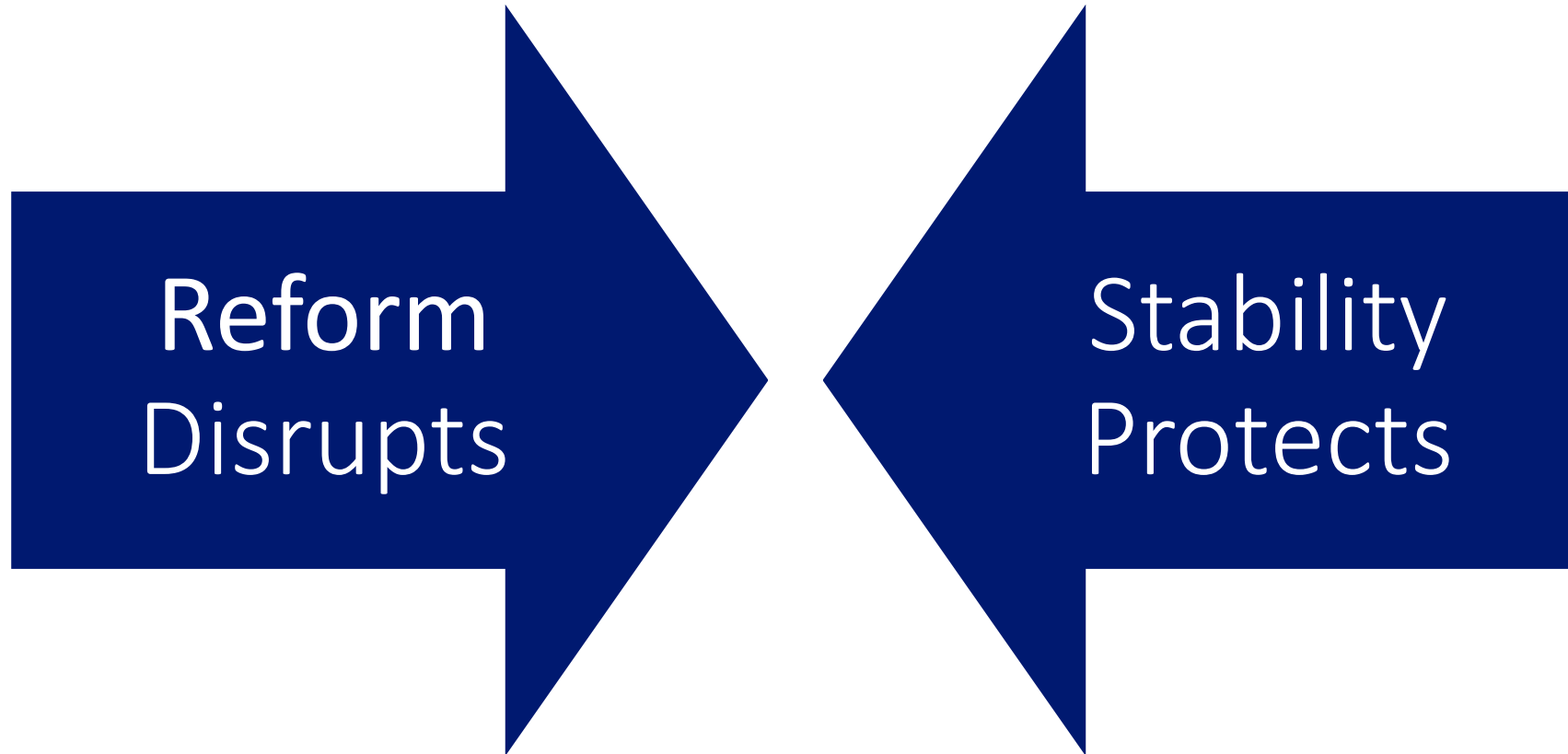
Silos within the health care system

Workforce issues



ACC INFLUENCE

Consideration of Models



Standardized Child Benefit

Level of
Care (LOC)

Uniform
Process
Determines

Service
Category

Stakeholder
work defines
across
continuum

Services
Suite

Built into
contracts to
guarantee
across regions

Level of Care	1	2	3	4
Service Category	Low	Medium	High	Inpatient
Services Available	Targeted services for each acuity/complexity TBD through engagement with you			

Entry to Care	Determine access points for different tiers [e.g. PHQ-9 in PCP; CANS with IA through CW]			
Level of Care	1	2	3	4
Service Category	Low	Medium	High	Inpatient
Services Available	Targeted services for each acuity/complexity TBD through engagement with you			
Care Coord Level	Tiered care coord associated with evidence-based practice for different levels			

Completing the Continuum of Care

- Develop a **Standardized Child Benefit** to address different needs at different levels of complexity
 - Example: [Texas Resilience and Recovery](#) model
- **MODEL PROMOTES**
 - Simplified system
 - Reduction in Regional Variability
 - Framework to identify missing or hard to access services
 - Improve member experience (transparency + consistency)
 - Improve provider experience (transparency + consistency)

Completing the Continuum of Care

- MODEL INTERSECTS WITH:
 - ARPA Projects to increase provider capacity:
 - No eject/reject (CDHS)
 - Tiered rates research to encourage higher acuity intake
 - Step Down Project (CHRP and QRTP providers)
 - Intensive Community Based Service Grants
 - Integrated Care Funding project
 - Directed Payments for hard to access and fund services ([HB23-1269](#))
 - Health-related social needs waiver research ([HB23-1300](#))
 - Improved \$ for coordinating care for children and youth ([SB19-195](#))

Lower Acuity Example

Level of Care

2.0
Elevated PHQ-9

Service Category

Targeted Interventions

Services Suite

Counseling (individual + family); Integrated Services; Care Coordination

Higher Acuity Example

Level of Care

3.5

CANS + Multi-System

Service Category

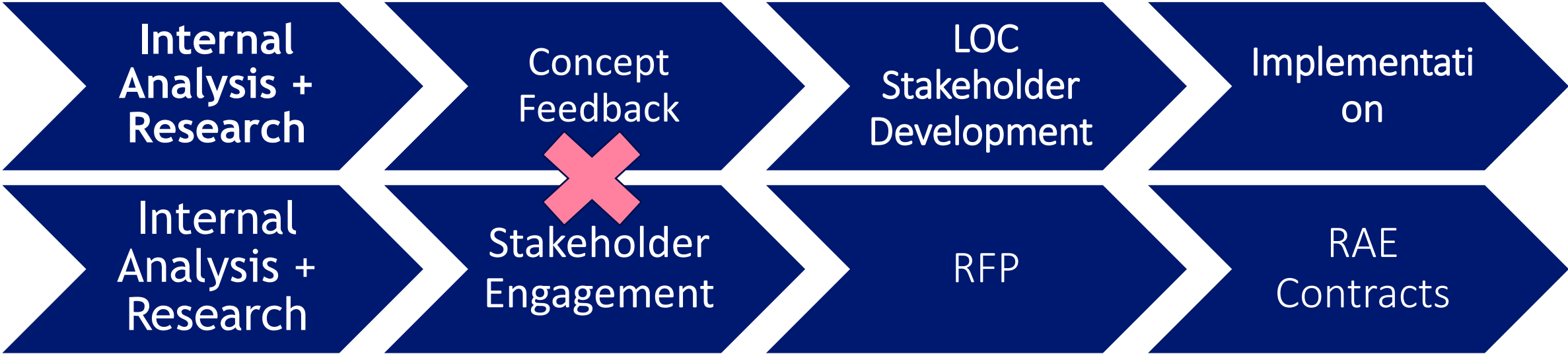
Intensive Community Supports

Services Suite

Wraparound; Counseling; FFT or MST

Where are we?

Children's Workgroup



ACC Phase III



Questions:

- How can this approach address the issues families and children currently experience?
 - What changes or considerations need to be made to make this an effective and feasible solution?
 - What are your concerns with this model?
- What problems is this not addressing?
- How will we know if this initiative is successful?
- What other information do you need to answer the above questions?

Thank You!

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