



# Colorado Behavioral Health Task Force

*February 19<sup>th</sup>, 2020*



**COLORADO**  
Department of Human Services

# Objectives for the Meeting:



To provide an overview and update on the work of the Behavioral Health Task Force (BHTF) thus far



To understand your questions and recommendations for the BHTF to consider

# What do we mean by “Behavioral Health?”



Refers to an individual’s mental and emotional well-being development and actions that affect his/her overall wellness

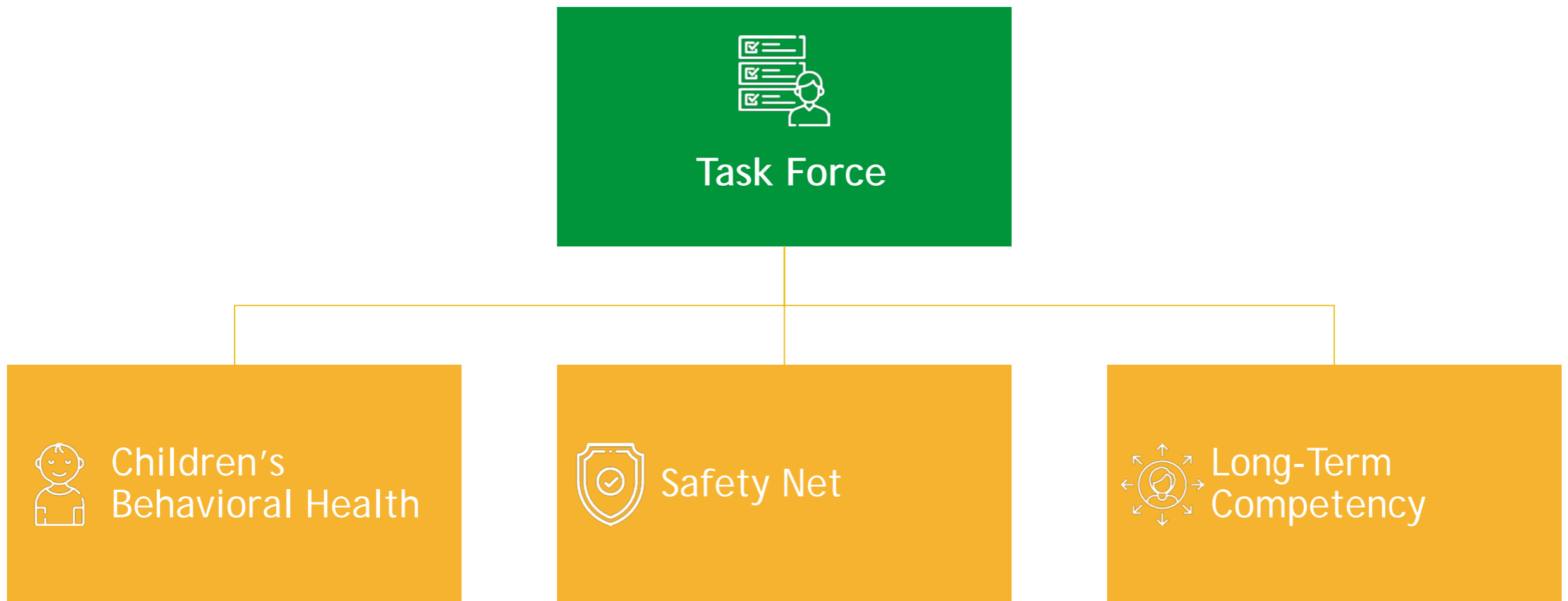


Behavioral Health problems and disorders include substance disorders, serious psychological distress, suicidal ideation, and other mental health disorders



Problems ranging from unhealthy stress or subclinical conditions to diagnosable and treatable diseases are included

# There are three subcommittees supporting the work of the Task Force.



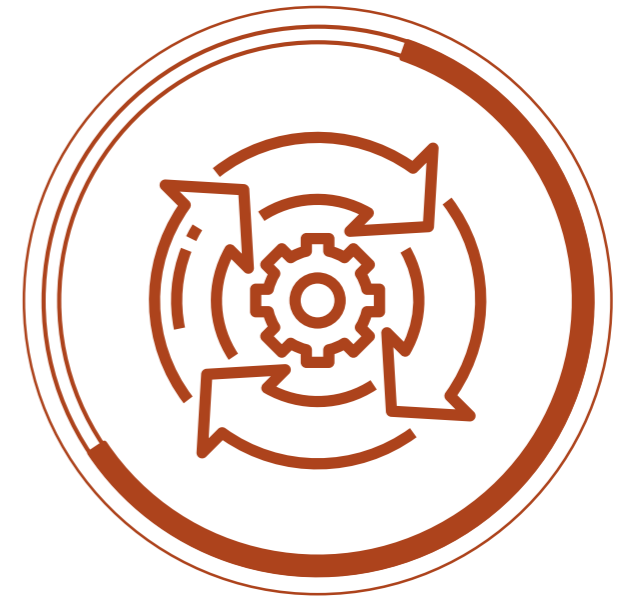
# The BHTF develop a vision for Colorado:



**Comprehensive**



**Equitable**



**Effective**

Continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole-person health and well-being.

# Other current data will inform our work.



Legislative Review



Financial Analysis



Community Input



Ongoing Review of Reports  
& Best Practices

# Our blueprint needs to be realistic and reflect accountability.

We need to stay focused on solutions in a realistic timeline.

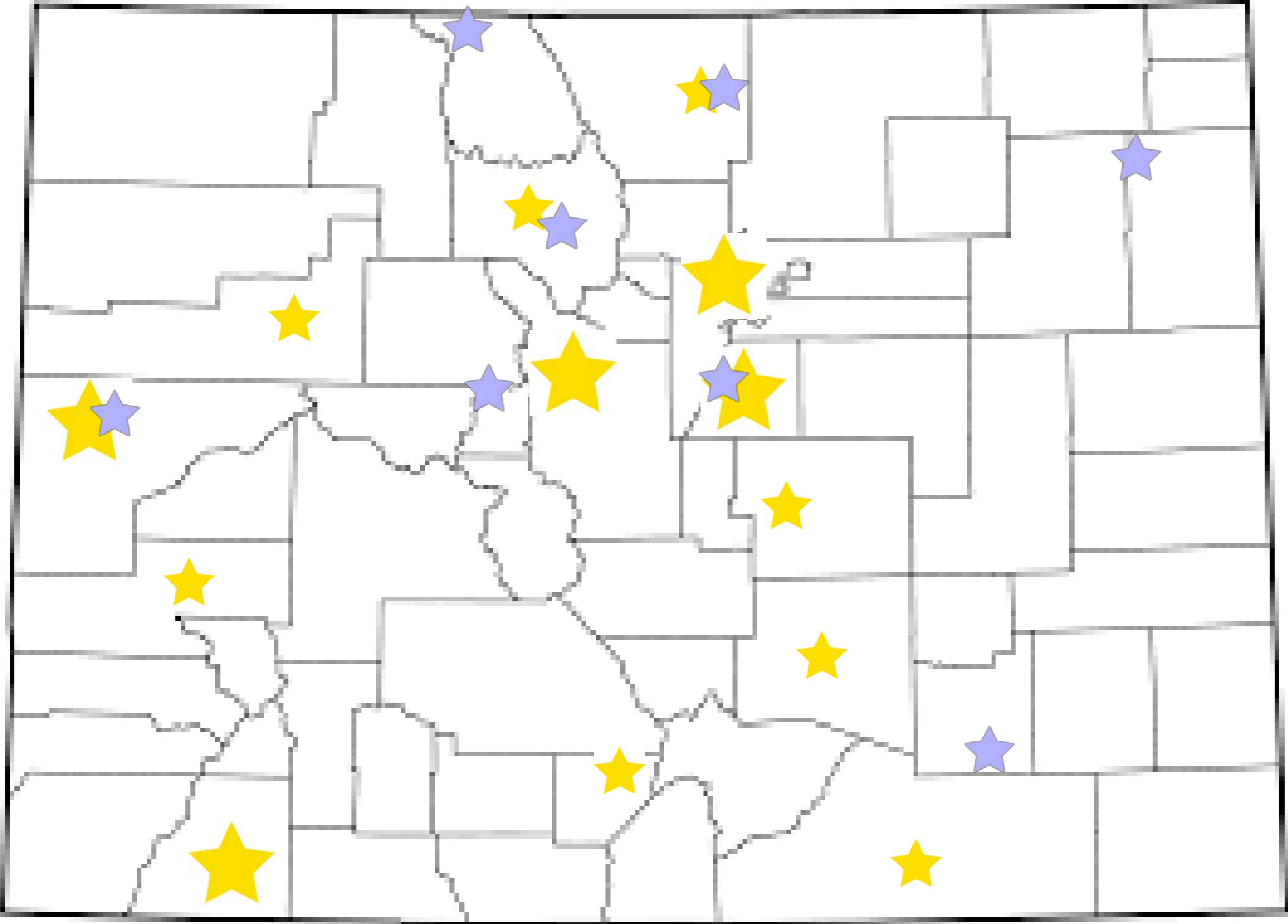


We know that the system is not working for everyone.

We have been given some clear direction.

There is a foundation of work from which we can build.

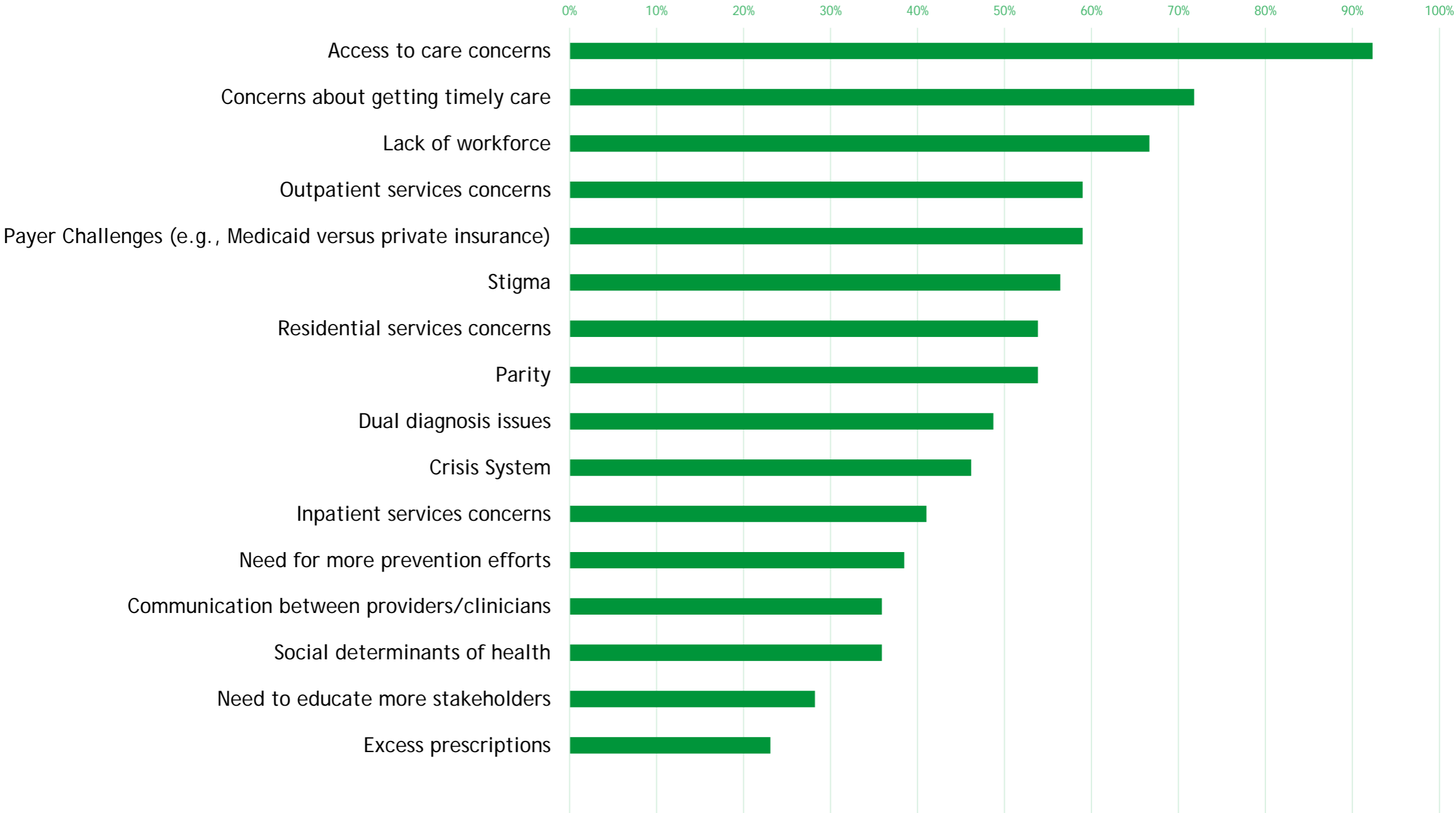
We have heard over 100 public testimonies.  
We have facilitated community conversations.





# Access continues to be the biggest challenge.

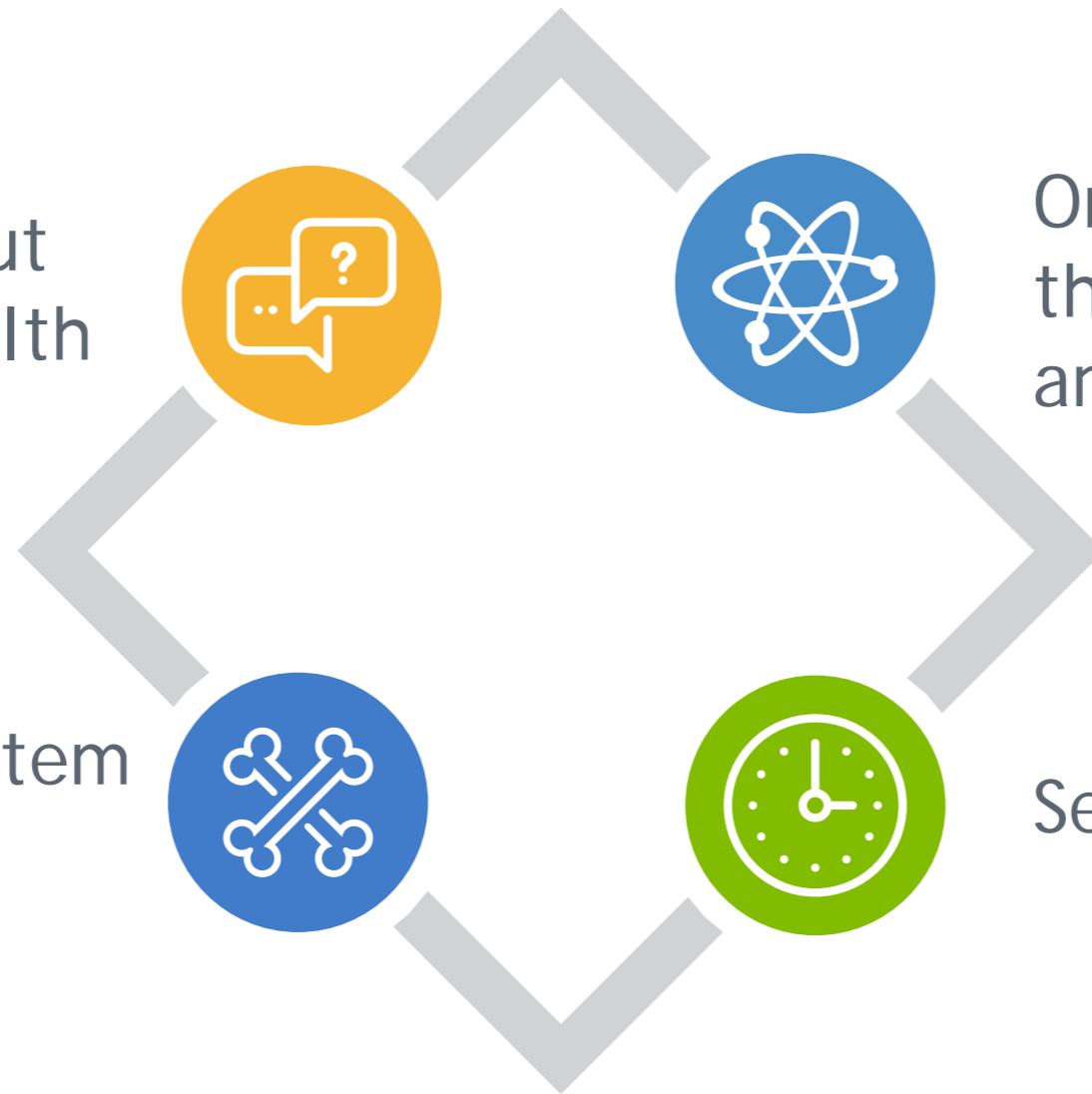
Themes Heard Across All Public Testimonies Through December 2019



# People cannot make sense of the system.

People need to actually *know* about the behavioral health system

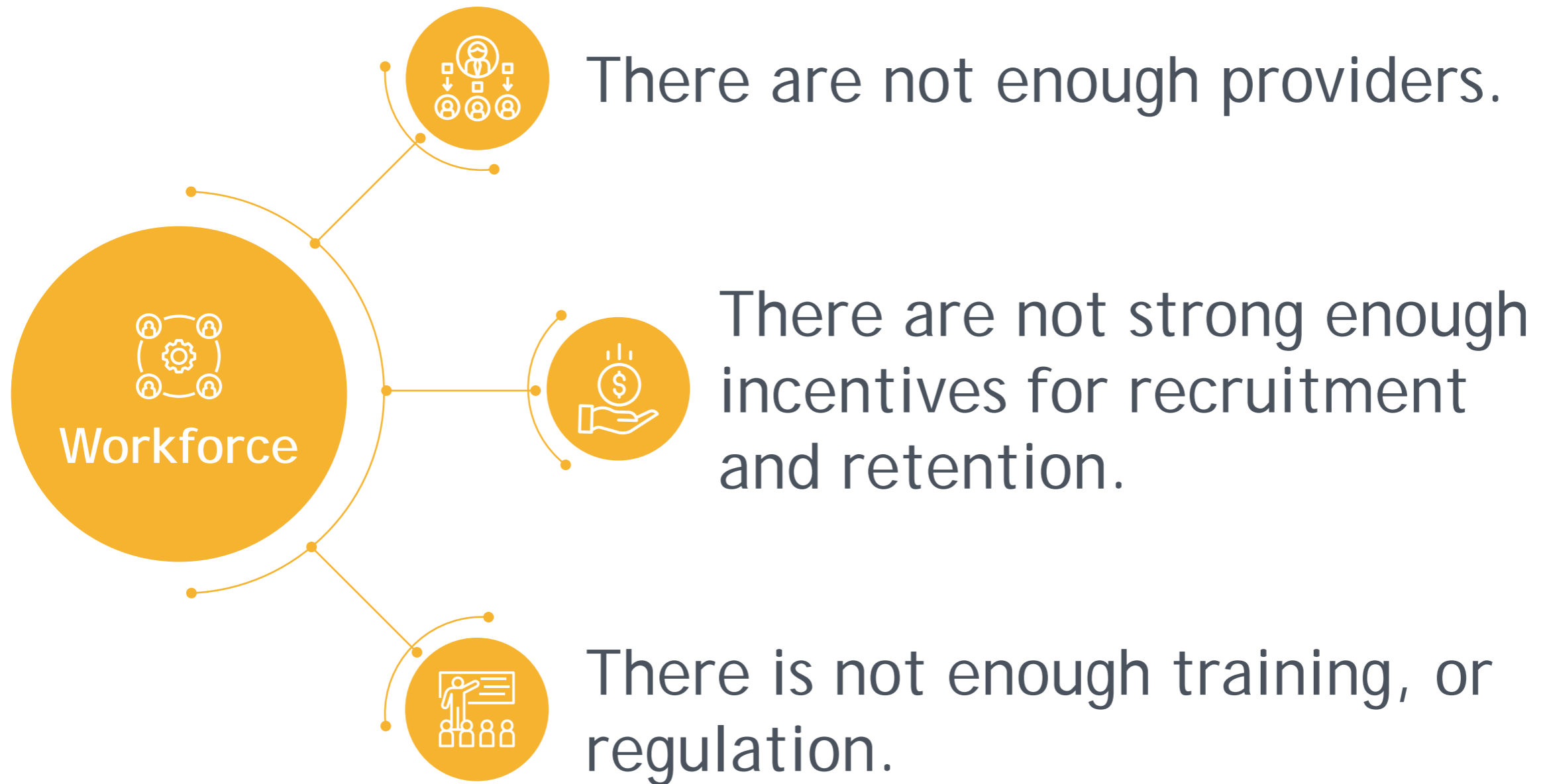
Supports in the system are not adequate



Once they get access, they are given the run-around

Services are not timely

# Workforce. Workforce. Workforce.



# There were other themes resulting from the public testimonies.



Prevention is key.



Rural and frontier area needs are not reflective of the front range.



Need for funding is uncertain.



Parity needs to be enforced.



There is lack of trust everywhere.



# *An Option for Colorado*



**COLORADO**  
Department of Human Services

# We learned from other states.

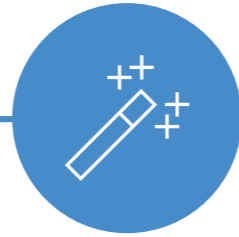
	Why We Spoke with Them	What We Learned
Arizona	Arizona merged its Division of Behavioral Health and its Medicaid agency.	“Administrative Simplification” resulted in less bureaucracy for providers, and likely cost savings.
California	California consolidated several health and human service agencies into a single entity.	There have been a lot of unintended consequences. <i>“Don’t replicate our model.”</i>
Maryland	Maryland implemented an Administrative Service Organization (ASO).	The ASO oversees the authorization of services, data collection and claims submission, and the payment of claims.
Massachusetts	Massachusetts is known for its behavioral health care quality and access measures.	The State did not consolidate its departments, despite a recommendation to do so.
Minnesota	Minnesota has a state-supervised, local-control structure.	There are various and differing versions of the State’s success.



# The BHTF heard common themes from a variety of stakeholders.



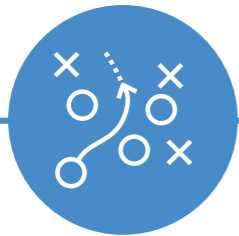
The patient should be the first priority.



Expand and enhance coverage/rates for behavioral health.



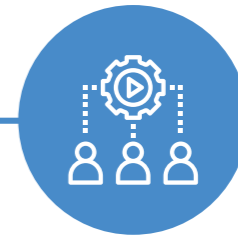
Build strong networks.  
Offer choices.



Develop a statewide workforce development strategy.

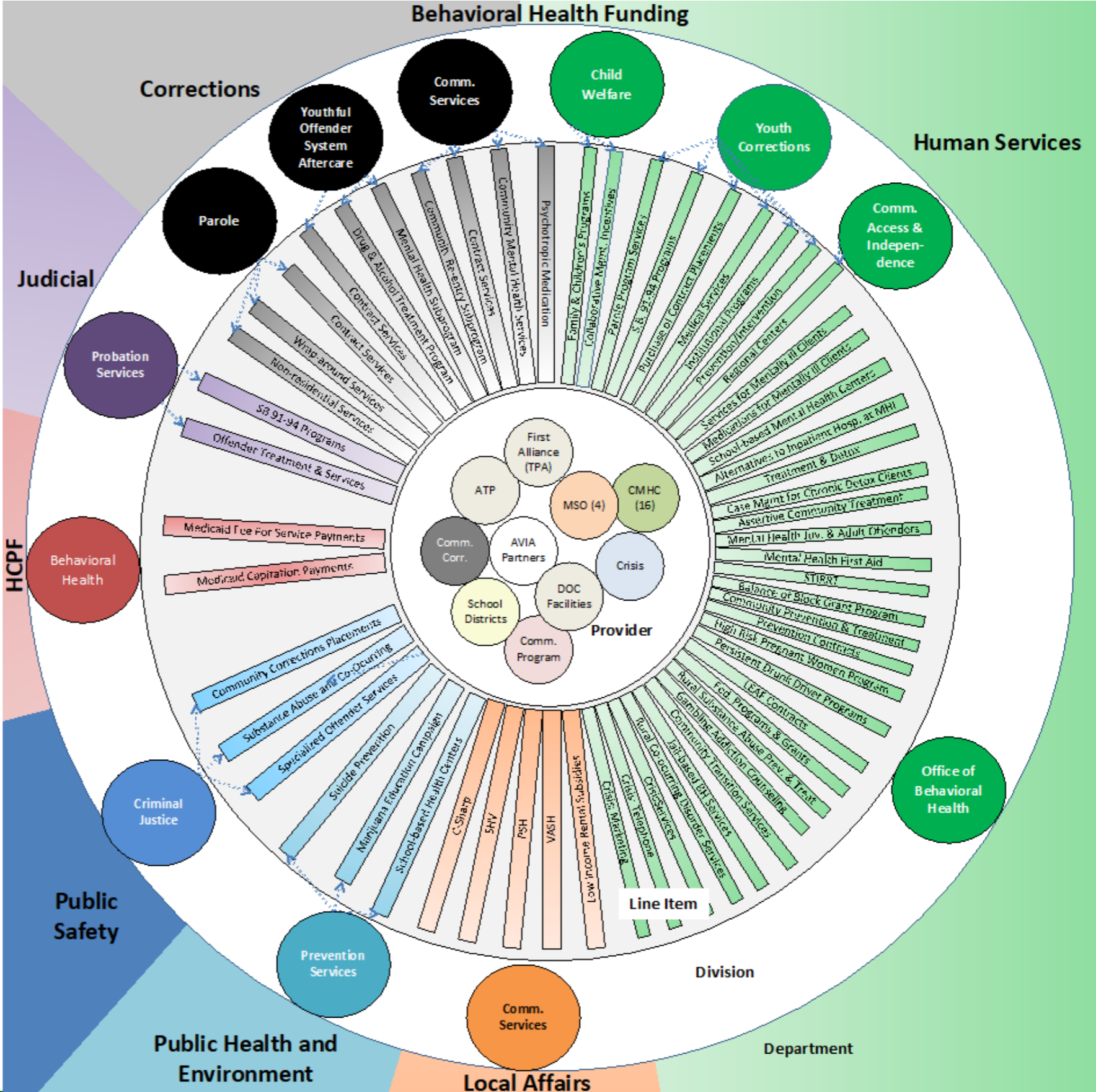


Focus funding on achieving wellness and recovery.



Provide clarity and consistency on the roles of State Agency and Contractors.

# Our current system is convoluted.





# What you should know about the draft model we will share today:



It is DRAFT



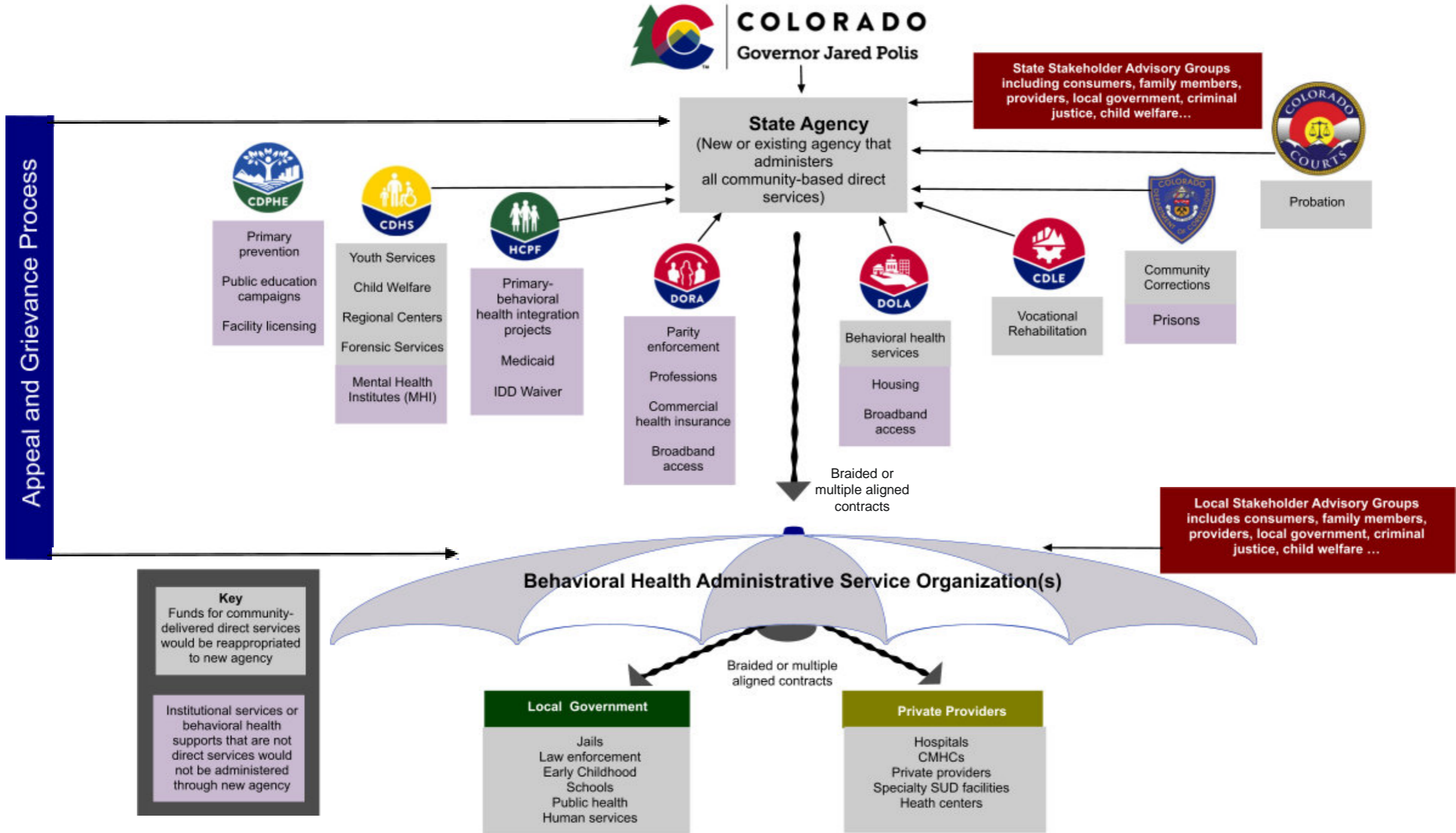
There are still a lot of questions that need to be answered, and many details to figure out



We will mold it and revise it and adjust it over the next few months

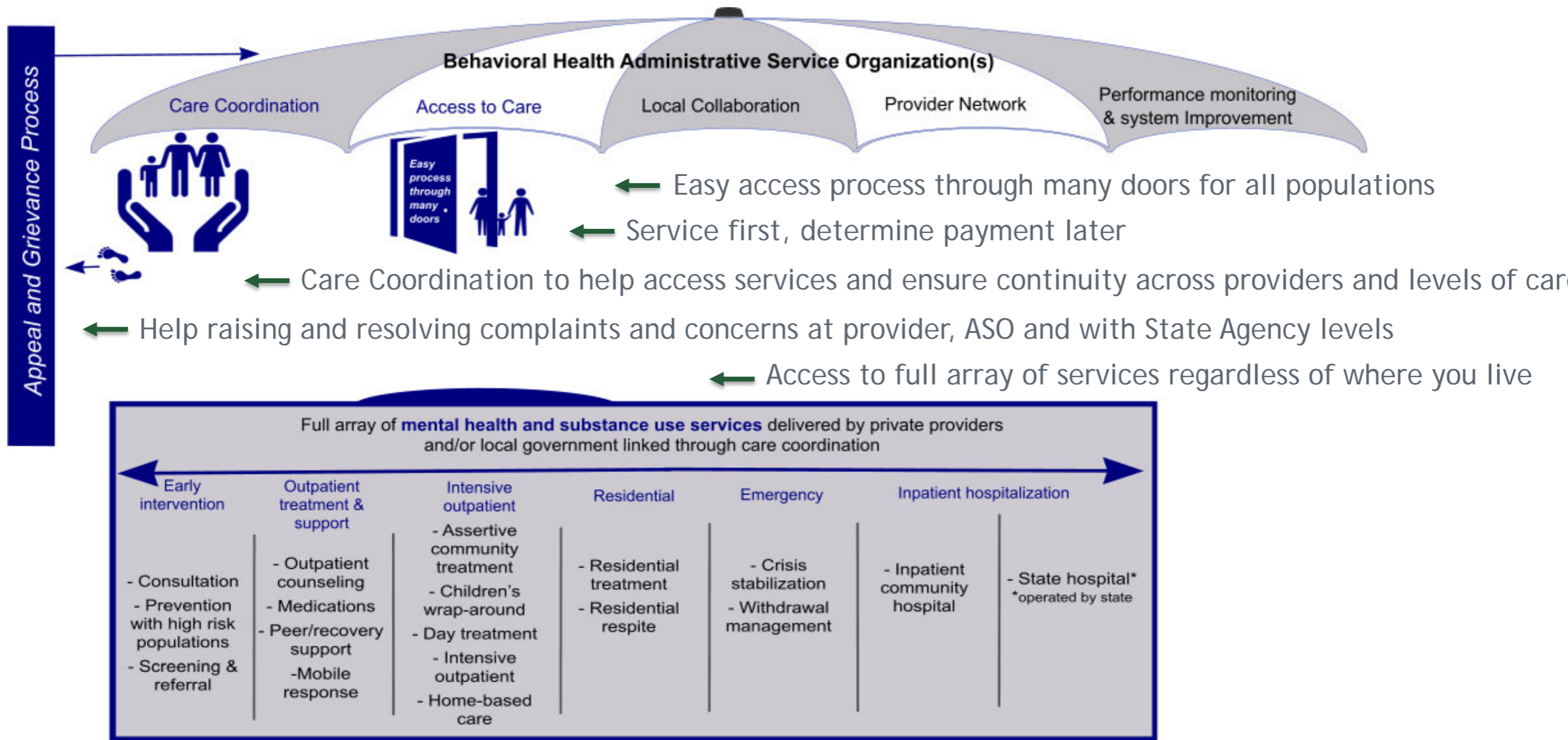
# An Option for Colorado to consider.

Administrative Structure for Non-Medicaid Public Programs



# The focus is on care coordination for the client.

## ASO Client Experience



# Questions & Recommendations



Believe in  
**OUR POTENTIAL**



**The pressure is on. Let's do this!**