COLORADO
Department of Health Care Policy & Financing

To: The ACC Program Improvement Advisory Committee (PIAC)
Cc: The Department of Health Policy and Financing
From: Behavioral Health and Integration Strategies Subcommittee (BHIS)
Date: [*TBD*]
Subject: Crisis Services Access, Follow-up and Alignment

Executive Summary
When Health First Colorado Members use crisis services one of the desired outcomes is that they engage in appropriate behavioral health services. Many entities are responsible for supporting this outcome including Administrative Service Organizations (ASOs), Regional Accountable Entities (RAEs), providers and other community organizations. Multiple entities means separate approaches, separate oversite, and separate metrics. This creates confusion and inefficient use of resources. Better clarity and efficiency can be achieved by:

- regular meetings between RAEs and ASOs
- replicating and expanding community coordination efforts already in place
- participating in Behavioral Health Task Force implementation work which supports interagency alignment

Background
The Behavioral Health and Integration Strategies Subcommittee investigated the status of crisis services and Medicaid alignment, current efforts, and problem areas. The subcommittee then identified a number of areas where opportunities exist for improved alignment between RAEs and ASOs.

- Member Communication and Follow-Up
  - Follow-up can be duplicative, overwhelming and confusing.
  - Written communication to members can include vague and unfamiliar terminology.
  - Members are uncertain about what each of the involved entities are doing.
  - Involved entities have a hard time knowing what one another are doing and when things are being done.
  - Members don't understand that crisis services and other care coordination (from RAEs or other providers) might be linked.
  - Case studies by an ASO and RAE could help obtain the member experience. What is happening? What can be improved? What can be streamlined? Where can responsibility be delegated?
- Metrics
  - Some metrics are regionally specific (e.g. ASO Performance Outcome Plans).
  - Measuring transition from crisis contact to engagement in care would be an ideal measure.
  - Developing an aligned metric for ASOs and RAEs would require regular, targeted discussions with HCPF, the Office of Behavioral Health, ASOs, RAEs and other stakeholders.
- Data Sharing

Commented [PM1]: Is this an item we should consider converting to a recommendation now or in the future? For now maybe just tag as an topic to address at PIAC?

- RAEs and ASOs have some access to encounter data which can be used as component of monitoring performance/trends.
- Separating Medicaid Members from other crisis service utilizers can be difficult.
- When crisis providers are CMHCs, it has helped with sharing data in a region.
- The U.S. Department of Health and Human Services has proposed rule changes with the intent to improve data sharing. This presents an opportunity to update or create new data sharing policy and procedures.
- Addressing barriers related to confidentiality and information sharing between RAEs and MSOs can and should be addressed at local, regional and state levels.

Process

The BHIS Subcommittee began addressing crisis system alignment in March 2020 and the topic has been a monthly agenda item. Formal presentations included Crisis Services 101 from the Office of Behavioral health, work descriptions from ASOs and RAEs, metric explanations from HCPF, and updates from the Governor's Behavioral Health Taskforce. In November 2020 a smaller workgroup convened to develop more detailed recommendations. Discussions have included BHIS voting members and non-voting stakeholders.

Recommendations

The Ideal State: To have behavioral health systems (Medicaid, crisis services, providers, community resources, etc.) working together to ensure Medicaid members have appropriate access to all levels of behavioral health services as needed. Behavioral health systems will appreciate, understand, communicate, collaborate and align with each other.

Items needed to reach the ideal state include:

- Communication and follow up for members that is clear, efficient, helpful, and comes from trusted sources.
- Equity, diversity and inclusion are reflected in policy and workforce.
- Aligned metrics between Regional Accountable Entities (RAEs/Medicaid) and Administrative Services Organizations (ASOs/Crisis Services).
- Routine Data Sharing between RAEs and ASOs

Meet: BHIS recommends that HCPF create policy guidance for monitoring how RAEs are collaborating with regional ASOs. The memo should encourage RAEs to initiate or participate in regular meetings between RAEs and ASOs to understand and align performance measurement as it relates to Medicaid members.

- Because ASOs and RAEs are regional entities shared agenda items can help create consistency.
- Standing agenda items could include:
  - data sharing
  - metric alignment
  - performance measurement

Commented [HB2]: Should include the steps to develop the solution (ie. 10 meetings with the RAEs and other stakeholders to develop solutions); you should comment on the strategy screens from your charters

Commented [PM3R2]: The strategy screens from the charter is an area which probably warrants some additional attention/description…

PIAC Subcommittee Strategy Screens: In order to identify and address specific criteria of the subcommittee's charge, the subcommittee will look at specific populations and their lived experiences within the ACC. These populations will include but not limited to:

- Members who are diagnosed with both a mental health disorder and an intellectual developmental disability (IDD).
- Pediatric members, including those who are involved in Foster Care.
- Geriatrics members.

Any subsequent subcommittee objectives, processes, and products must demonstrate the inclusion of each of these screens. For example, the subcommittee must demonstrate in its operations how the execution of its charge advances health equity and how it affects specific populations within the Health First Colorado membership.

- member communication
- equity, diversity, and inclusion efforts
- best practices and processes for local communities
- community collaboration (providers, law enforcement, schools, courts, etc.)
- Map out how follow-up from crisis services should be managed and delegated. This helps increase role clarity and minimize duplication.

Replicate: BHIS recommends that HCPF and RAEs replicate and expand on effective community coordination efforts already in existence. HCPF can use an existing forum such as the Learning Collaborative or create a new forum to address this work. Representatives from existing programs should be included in this work.

- CARES model in Colorado Springs use CORHIO and MOU between hospitals to streamline process. There are similar systems with the Community Action Collaborative in Greeley and in Douglas County.
- All programs have extensive data sharing agreements that include law enforcement, the fire department, community health centers, RAE, and municipal courts.
- Community case reviews include RAEs, FQHCs, CMHCs, SEPs, CCBs, etc. to ensure an organized system.
- Initial funding is critical to the success of systems working. The cost savings of these community programs is evidence-based.
- Example metrics from these programs are decreased ED utilization and decreased 911 calls.

Participate: BHIS recommends that representatives from PIAC, BHIS, HCPF, RAEs and ASOs participate in Behavioral Health Task Force implementation work. Task Force goals that support ASO and RAE alignment should be priorities. These include:

- improving care coordination
- supporting crisis co-responder models
- increasing workforce diversity (in terms of background and provider type)
- developing a statewide behavioral health authority that supports RAE and ASO alignment

Measure for Success

How will we know implementation of recommendations is a success?

Implementation Timeline

What is an appropriate timeline for implementing these recommendations?
Is this a long-term solution or fix right now?