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: Program Recommendations to Improve Crisis Services Access, Follow-up and Alignment for Health First Colorado Members

Executive Summary: When Health First Colorado members use the statewide crisis services system, the goal is that they receive support for their behavioral health crisis and engage in follow-up care. Administrative Service Organizations (ASOs), Regional Accountable Entities (RAEs), providers, state and local agencies, and other community organizations all have a responsibility to ensure members receive this support and follow up. Navigating through these various entities may lead to confusion and frustration for members and professionals. To ensure the crisis service system is helpful and efficient for members, the subcommittee identified opportunities for better coordination and collaboration. Recommendations include: (1) Regular convenings between RAEs and ASOs, (2) Replicating and expanding successful community coordination efforts, and (3) Participating in statewide Behavioral Health Reform work which supports interagency alignment.

Background: Colorado created a statewide behavioral health crisis service system in 2014. The Department of Health Care Policy and Financing required RAEs to collaborate with this system with the goal of creating a more effective and efficient behavioral health continuum. The Behavioral Health and Integration Strategies Subcommittee recognizes the critical consequences of supporting members though behavioral health crises. Therefore, the Subcommittee investigated the status of crisis services and Medicaid alignment, current efforts, and concerns. The subcommittee then identified 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 do.
  - Involved entities often lack information and clarity regarding respective roles and individual member updates.
  - Members shouldn't be expected to understand that crisis services and other care coordination (from RAEs or other providers) might be linked. Coordination should be a seamless process to the member.
  - Case studies by ASOs and RAEs could help inform the member experience.

- Metrics
  - Some metrics are regionally specific (e.g. ASO Performance Outcome Plans).

- 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
  - RAEs and ASOs have some access to encounter data which can be used as a component of monitoring performance/trends.
  - Identifying medicaid members from other crisis service utilizers can be difficult.
  - Provider collaboration is vital for effective data sharing.
  - 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. Throughout the development of these recommendations, the subcommittee regularly discussed how the current system works for diverse member populations and how the recommendations would benefit diverse populations.

Recommendations

The Ideal State: To have behavioral health systems (Medicaid, crisis services, providers, community resources, etc.) working together to ensure Health First Colorado 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.

Foundational pillars 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 guidance should encourage RAEs to initiate or participate in regular meetings between RAEs and ASOs to understand and align performance as it relates to Medicaid members. Standing agenda items could include:

- Data sharing
- Metric alignment
- Performance measurement
- Member communication
- Equity, diversity, and inclusion efforts
- Best practices and processes for local communities
- Community collaboration (providers, law enforcement, schools, courts, faith communities, etc.) Special care should be taken to address racial and ethnic disparities and to include organizations that serve a variety of populations.
- 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 and existing community coordination efforts. Components of existing programs include:

- The CARES model in Colorado Springs uses CORHIO and MOU between hospitals to streamline processes. There are similar systems with the Community Action Collaborative in Greeley and in Douglas County.
- Extensive data sharing agreements that include law enforcement, the fire department, community health centers, RAEs, and municipal courts.
- Community case reviews include RAEs, FQHCs, behavioral health providers, 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 Reform as initiated by the Behavioral Health Task Force, specifically on the matter of improving access to and experience with crisis services. 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
Broadly, RAEs, ASOs and other community partners will be able to cite specific examples and patterns of collaboration between providers, communities, ASOs and RAEs. Members will have an improved experience, and Behavioral Health Reform will be progressing. A specific measure for success could be measuring transition from crisis contact to engagement in care. Some ASO Performance Outcome Plans include similar measures such as a follow up appointment time and provider name included in the member chart/record.

Implementation Timeline
The proposed recommendations to improve coordination between crisis services, Medicaid, and other community partners is work that can be integrated immediately into program management practices. However, accomplishing these goals is a long-term, iterative process intertwined with statewide Behavioral Health Reform.