

# JR07-1050 Behavioral Health Task Force

## Key Findings & Recommendations



in partnership with  
**NPM Consulting**

# Leadership

- Leadership is needed for an integrated behavioral health system.
- Sustained leadership requires a structure.

# Vision & Framework

- Shared Vision
- Common Values
- Clear Goals & Objectives
- Shared Outcomes
- Monitor & Adjust

# Vision

## Vision (Jim Haveman)

- A comprehensive integrated system comprised of evidence-based practices which adults and children will have access to a public mental health and substance abuse service system that serves and supports individuals with co-occurring mental illness and substance use disorders at all levels of care.
- Consumers and families will find a welcoming integrated system that promotes health/wellness, resiliency, recovery & the right to control one's life while experiencing and exercising benefits & responsibilities of being members of a community.

# Shared Outcomes: Children & Youth

- ↓ number of children in residential placement
- ↓ number of juveniles in DYC facilities
- ↓ in recidivism rates in juvenile justice
- ↑ school attendance for children in CW, BH & JJ systems.
- ↑ early id & intervention in collab. with primary health care & education for high risk infants, children & youth
- ↑ family satisfaction for children & youth served above 85%

# Shared Outcomes: Adults

- ↓ number of adults with BH issues in jails & correctional facilities
- ↓ recidivism rates for adults with BH issues in justice system
- Maintain the current low numbers of adults with BH issues in nursing homes & hospitals
- ↓ number of adults with BH issues who are homeless & ↑ number in independent living
- ↑ number of adults with BH issues in paid employment
- ↑ early id & intervention of adults with BH issues in collaboration with primary health systems
- Maintain low % of population in mental hospitals

# Monitor & Adjust

- As system improvement efforts are implemented, a process is in place to monitor and adjust as needed.
- Monitoring & Adjusting should be addressed as part of the recommendations.

# Key Findings: CO Themes

- Alignment of Service Boundaries
- Joint Auditing
- Reimbursement for Co-Occurring Services
- Joint Budget Planning across Departments
- Information Collection & Sharing
- Cultural Competency
- Consumer, Family & Youth Involvement

# Opportunities & Recommendations

- Susan Foster/CASA Proposal?
- Medicaid MH RFP?
- Native American – Substance Abuse Funding?
- SBIRT Codes?
- Leadership Structure – Charge
- Alignment of Service Areas
- Statewide Equitable Service Array?
- Equitable Rate Setting?
- Shared Outcomes
- Full continuum of services and levels of care for prevention, early intervention, treatment, recovery, crisis?
- Workforce Development

# Report Outline & Contents

- Acknowledgements
- Executive Summary
- Introduction & Background
  - Summary of HJR 1050 & Task Force
  - Research & Consensus Building Process
  - Summary of Report Recommendations & Findings

# Report Outline & Contents

- Planning Together & Key Findings and Recommendations
  - Key Findings: System Building Process
  - Key Findings: CO Themes
  - Recommendations
- CO's Behavioral Health System
  - CO Themes
  - Behavioral Health Related Funding
  - Q-Sort
  - Description of State Agencies

# JR07-1050

## Behavioral Health Task Force

For comments or questions, please

contact: [info@csi-policy.org](mailto:info@csi-policy.org)