

JR07-1050 Behavioral Health Task Force

Interim Findings



in partnership with
NPM Consulting

Relationships with Service Providers

- Contracting
 - There are opportunities for more alignment across systems in contracting requirements
- Auditing
 - Joint auditing is beginning between some agencies and may be possible more broadly

Relationships with Service Providers

- Rate setting
 - Different rate setting processes occur across and within systems, with varying levels of transparency
- Reimbursement for Co-Occurring Services
 - Reimbursement structures for substance abuse and mental health currently create barriers to integrated service delivery

Relationships with Service Providers

- Research-based practices
 - Services overseen outside the primary behavioral health office are less likely to use evidence-based or other research-based practices

Information Collection and Sharing

- Shared screening tools
 - Even within systems with a shared screening tool, protocols do not ensure information is shared between or within systems
- Assessments and evaluations
 - Assessments and evaluations are replicated by systems as they triage clients transitioning from a previous system

Information Collection and Sharing

- Reporting requirements
 - Reporting requirements from providers are often not aligned across systems
- Outcome Measures
 - Different systems measure similar outcomes in different ways, resulting in “apples” to “oranges”

Information Collection and Sharing

- Use of data
 - Although Departments are preparing independent reports on services and outcomes within their system, cross-system reporting is limited

Cultural and Linguistic Competence

- Standards and contracts
 - Standards and contracts in many systems do not have definitions of or requirements related to cultural competency
- Translation and Interpretation
 - Standards and certifications are lacking
- Provision of services
 - Some, but not all, providers are addressing cultural competency voluntarily, resulting in inequities in service delivery to diverse populations

Cultural and Linguistic Competence

- Training
 - Cultural competency training for staff is sporadic at the state and community level, which maybe due to a lack of requirements from state Departments
- Data and reporting
 - There is inconsistent reporting of linguistic needs and racial and ethnic outcomes across systems

Consumer, Family, and Youth Involvement

- Involvement at the system level
 - The behavioral health systems differ in the extent and approach to involving consumers, families, and youth in policymaking and oversight
- Involvement at the service level
 - Involvement of consumers, family, and youth is sporadic at the local level due to inconsistent or absent requirements from the state

Geographic Regions

- Each system has different regions or geographic areas, with administrative and financial structures tied to the regions

Approaches to Behavioral Health

- Different systems have different models, research-based approaches, and language for their behavioral health services

Professional Certifications

- Certification requirements
 - Many systems use the ADAD requirements, but a similar certification structure does not exist for mental health providers
- Rural barriers
 - Certification requirements can create barriers to service delivery in areas that are unable to attract or train certified providers

Budget and Funding

- Siloed budget planning
 - Budget planning that occurs independently between Departments overseeing behavioral health services results in competition for resources
- Systems change resources
 - The planning and implementation of systems change may require additional staff time or other resources

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For comments or questions, please

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