

JR07-1050 Behavioral Health Task Force

Q-Sort Survey Findings



in partnership with
NPM Consulting

Survey Purpose

- Identify common areas of agreement
- Expand involvement in the Task Force process
- Provide a frame for analyzing and presenting interim findings

Survey Participants

- 5 Task Force members
- 18 staff and leaders from state agencies
- 10 non-white respondents
- 49 top level administrators
- 14 advocates
- 18 mid-level administrators or other roles

Survey Participants Organizations

- Behavioral health, mental health, and substance abuse
- Corrections, law enforcement, public safety, and judicial
- Public health and Medicaid
- Consumer and family advocates
- Child welfare, education, other human services, and university based researchers

Survey Analysis

- 4 Typologies
- Cross-typology areas of conflict
- Cross-typology areas of agreement

Typology 1: Successful Service Delivery

- Emphasize maintaining and improving services, including coordinated case planning and continuum of care.
- Emphasize outcome based planning
- Prioritize consumer and family advocacy at all levels.
- Desire increased substance abuse funding
- Expect local integration of behavioral and physical health, but not state level integration.

Typology 2: Coordinated Behavioral Health Systems

- Emphasize maintaining current structures (e.g. separate outcomes, screening and assessment tools, data management, and funding streams).
- Support local level autonomy over use of coordinated case planning, continuum of services, cross-systems training, cultural competency, and consumer/family leadership.
- Tie fiscal accountability to outcomes and desire coordinated budget planning.

Typology 3:

Improved Fiscal Policies & Accountability

- Emphasize coordination of fiscal policies, rather than integration of all state structures.
- Desire reintegration of Medicaid and Medicare into the behavioral health system.
- Focus on addressing gaps, simplifying accountability, maintaining existing funding and services.
- Support mandatory cultural competency and coordinated case planning.

Typology 4:

Integrated Behavioral Health Authority

- Highly focused on having one consolidated behavioral health authority with oversight of all behavioral health services, including Medicaid and Medicare dollars.
- Supportive of a governor appointed leader.
- Emphasize consistency across communities, limiting local autonomy.

Cross-Typology Conflicts

- Significantly different views on whether:
 - Parallel behavioral health systems in different state departments should be consolidated under one authority.
 - Behavioral health services in specific systems should be managed by the behavioral health system
 - A governor appointed position should coordinate the behavioral health system.
 - The behavioral health system should manage the Medicaid and Medicare behavioral health dollars.

Cross-Typology Agreement

- All four typologies agree that:
 - New funding mandated for prevention should not come from within existing dollars
 - The state should continue the “carve-out” model of managing mental health and physical health Medicaid dollars
 - Local level funding accountability should be tied to child and adult outcomes
 - The fee for service model should not be expanded beyond its current use

Cross-Typology Agreement

- Three typologies agree that:
 - Current funding streams expand eligibility to allow for increased prevention/early intervention services.
 - State level funding streams should be braided or combined where possible.
 - State and local agencies who do not fully expend their budgets are not penalized with decreased future budgets.
 - Ongoing system planning and oversight are led by a commission representing all affected Departments.

Cross-Typology Agreement

- Three typologies agree that:
 - State policy grants autonomy to local communities over whether to address cultural competency needs.
 - Local reporting and auditing requirements from the state are non-duplicative and aligned across systems.
 - Screening, assessment, and data management tools should be aligned or integrated across systems.
 - State policies should ensure a continuum of appropriate services is available to meet adult and child needs.

Q-Sort Survey for the Behavioral Health Task Force

**More detail will be included
with the Task Force report.**

For comments or questions, please

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