



Colorado Behavioral Health Task Force Meeting

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Relationship of Structure to Outcomes

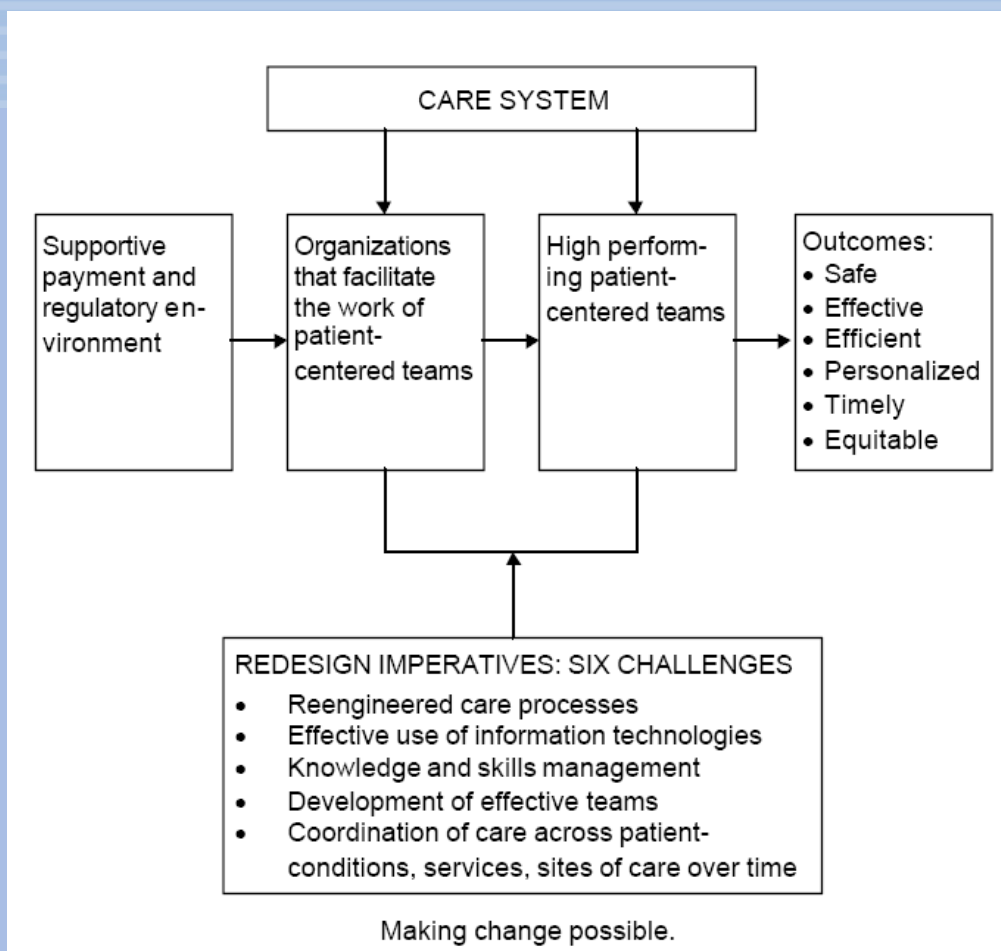
- **Access to Community Care and Effective Services and Supports (ACCESS)** program provided funding and technical assistance to nine randomly selected sites in nine states to implement strategies for promoting integration of service systems for persons that were homeless and have mental illness.
- These experimental sites, along with nine comparison sites in the same state received funds to provide assertive community treatment to assist 100 clients per site per year.
- The evaluation did not show that these strategies promote better clinical outcomes above and beyond what can be achieved with good clinical services, such as assertive community treatment.



Relationship of Structure to Outcomes

- The Fort Bragg Study compared an experimental System of Care (SOC) service program with existing services in two comparison communities with fee-for-service care systems to see if there is a difference in outcomes.
 - System level efforts (changing payment, access, coordination, and range of services) resulted in system level benefits.
 - These system level indicators of better services are not tied to demonstrable clinical benefits to children and their families.

What are the Goals of our System?





Dynamic Leadership

- Strong mental health authority leader that can articulate a vision for the system and provide support to other state agencies in areas of:
 - Clinical excellence
 - Best practice
 - Performance improvement – learning organizations
 - Quality/performance standards



Form Follows Function

- Focus on the content of services and not exclusively on the structure of services.
- Create regulatory and payment environment that supports good practice
 - Common billing codes, service descriptions, payment rates, reporting requirements, assessment and documentation forms across state systems for behavioral health services.

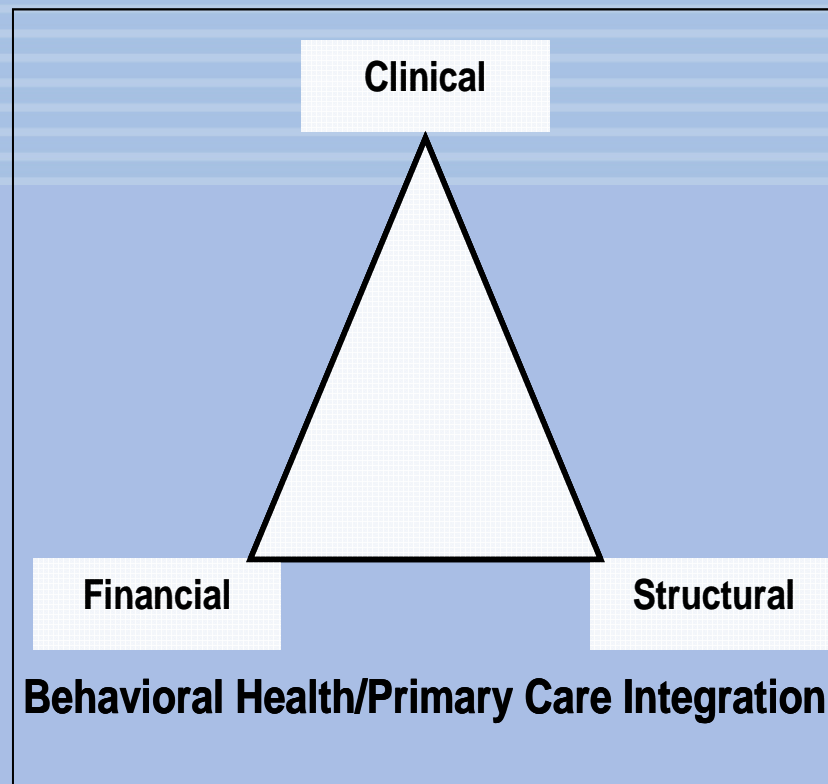


Create supportive payment and regulatory environment

- Develop rates that allow for clinical supervision as well as staff training and development.
- Assure that rates are adequate for the services provided
 - Population-based modeling
 - Support evidence-based interventions
 - Do not support interventions that do not have evidence

Elements of PC/BH Collaborative Care

- Financial or structural integration does not assure clinical integration
- Clinical integration helps us focus on what people need
- Public sector efforts focused on financial integration (carve-ins) have had limited success
- Clinical integration requires financial and structural supports in order to be successful





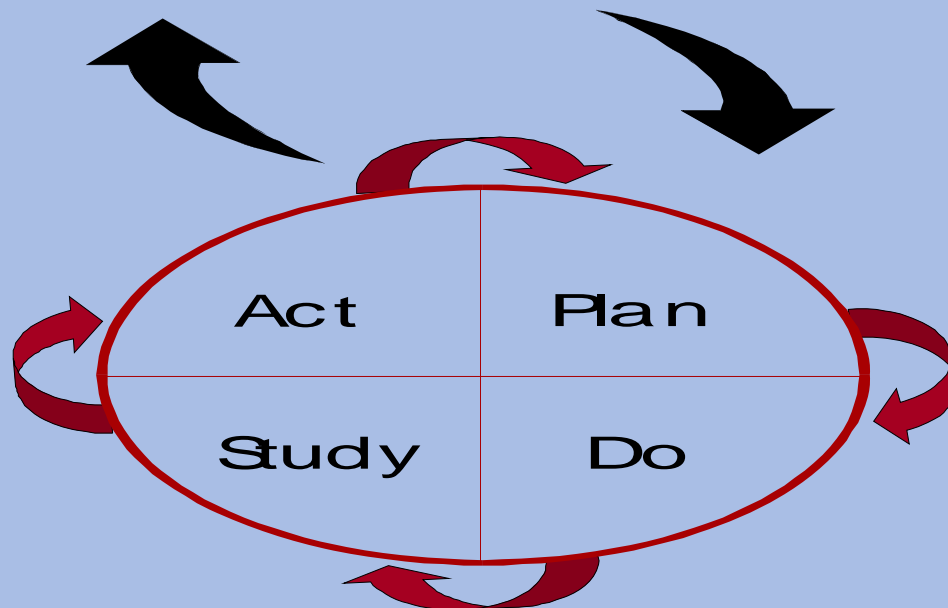
Support Clinical Excellence

- Establish clinical performance outcome measures and expectations across systems, e.g.,
 - Re-hospitalizations
 - Functional improvement
- Support the implementation of evidence-based practices across systems
- Use of technology to track performance
 - Matching grant program for electronic health records
 - Central examination of data for clinical markers

Rapid Cycle Improvement

Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?



Role of the Mental Health Authority

- Establish clinical and performance targets – the what, not the how
- Provide adequate financing and support to providers
- Provide technical assistance to other state agencies
- Use technology to create a transparent system