

BEHAVIORAL HEALTH TASK FORCE
MEETING-STATE OF COLORADO
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BEHAVIORAL HEALTH
*The Beginning of a Navigable System
Leading to Integrated Health Care*

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*Whatever you can do, or dream you can, begin it.
Boldness has genius, power and magic in it.*
-Johann Wolfgang van Goethe

Collaboration and Coordination of Mental Health and
Substance Abuse is the norm rather than the
exception

- Institute of Medicine Report - 2007

Mental Health and Substance Abuse Problems rarely
exist in isolation

- Health Management Associates report- 2007

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A bold and navigable transformational system of care at the state, regional,
and local level of behavioral health and health care. In general eliminating
stove-pipes, changing the culture and insisting on cultural competency and
consumer recovery.

A sustainable change that has enabling legislative action and review. Will
warrant synchronized and realigned geographic boundaries with clear
benchmarks for efficiency, transparency, accountability with the pooling,
enhancement, and integration of funds.

- decrease in employees and administrative expenses
- increased services
- clearer message
- allow for innovation and creativity
- electronic files and reporting
- interagency agreements and linkages

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Michigan's Funding Mix

- Mental Health (1.1 Billion)
 - 53% - Medicaid (includes federal and state share)
 - 38% - State General Fund
 - 4% - Adult Benefit Wavier (uses SCHIP under 1115 wavier)
 - 4% - Local County funds
 - 1% - Federal Block Grant
- Substance Abuse (120 million)
 - 29% - Medicaid
 - 55% - Federal Block Grant
 - 16% - General Fund, License Tax...Local

If you add in services for persons who are developmentally disabled the
total Medicaid funding becomes almost 75% of the total funding for
mental health, substance abuse and developmentally disabled
combined.

Total budget for the Department of Community Health around 11 Billion.

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- Governor Ritter's Blue Ribbon Commission on Health
Care Reform
- Complexity of Colorado's current governance and
departmental and delivery system
- Michigan Full Management and other examples
- Michigan's Department of Community Health formed
in 1996 . . . It integrated Medicaid, mental health,
substance abuse , developmental disabilities, public
health, office of drug control policy, office of services
to the aging, crime victims services commission

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Trends:

- state responsibilities are growing more rapidly than revenue
- still have old models of services and traditional systems of
care
- profit in chaos
- poor people's medicine . . . institutionalize
- hesitancy to embrace technology and change
- Medicaid the dominate player . . . and how influence DC
- increase in defacto systems which leads to "tangled web"
- provider / regulatory tension
- political sound bites
- universal health care
- complexity leads to immobilization

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Lessons learned

- A truly integrated approach
- integration at departmental and legislative level
 - (administrative functions, 24 hour access points, realignment)
- eliminate levels when appropriate
- 1915b waiver
- 1115 waiver
- more aggressively used GF to maximize federal funds and use them for less severe disorders . . . be more creative
- full managed care and elimination of fee-for-service
- be more aggressive on long-term care
- paperless systems with electronic files and reporting
- pharmaceutical partnerships
- training institute . . . professional development, cultural competency, cross training, evidence based treatment, common definitions, standards and protocols
- address the cultural issues
- emphasis on prevention and state laws
- Medicaid-Medicare specialty plans . . . Federally qualified community center
- presumed eligible

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Lessons learned- *continued*

- co-occurring disorders challenge both clinicians and the traditional delivery systems in jails, corrections and housing as well as in federally qualified health centers
- successful recovery models can use peer support specialist and other natural supports along with medical/treatment intervention
- applied research . . . greater exposure
- cost benefit measures . . . valued added interventions
- importance of a medical home
- governance issues . . . who is in charge
- consumers involved in policy development and managing services
- incentives for affiliations, collaboration and mergers
- greater emphasis by state in network management based on close analysis and evaluation of provider performance (*profit and non-profit*)
- more competitive procurements
- determination of workable outcome management systems and clinical outcomes
- listen and build consensus

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VISION THING

The Promise of Performance (1991)

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Colorado Behavioral Health

- A multi-county collaborative that is based on a vision of 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 will find a welcoming integrated system that promotes health/wellness, resiliency, recovery, and the right to control one's life while experiencing and exercising the benefits and responsibilities of being members of a community.

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