

**Comments on The Recommendations**

**January 8<sup>th</sup> 2008**

**I. Recommendation #1: Leadership Structure**

**Recommendation #1:** *The 1050 Task Force recommends that Colorado establish a Commission with decision-making authority to implement the 1050 Task Force's recommendations to achieve Colorado's vision for an integrated behavioral health system in accordance with its guiding principles. This leadership structure in Colorado would offer transparency across systems and encourage joint prioritization, planning, implementation, and monitoring. The integration of behavioral health policy, funding and operations through the Commission would also help to maximize and effectively utilize funding, and reduce duplication across systems.*

*The Commission would serve as a central coordinating leadership structure for behavioral health. As such, it would coordinate and collaborate with other task forces, councils, and policy bodies charged with addressing a specific topic area within behavioral health. The Commission would help to align the efforts of cross-systems behavioral health prevention, early intervention, treatment and recovery as well as address other consumer and family needs such as housing, education, and employment. Departments and divisions that are part of Colorado's integrated behavioral health system would be coordinated within the structure of the Commission and its committees.*

*It is recommended that the Commission's membership would include representatives at the executive level from all three branches of state government who have the authority to commit their agency:*

- *Legislature*
- *Judiciary*
- *Executive Branch:*
  - ◆ *Governor's Office*
  - ◆ *Colorado Department of Corrections*
  - ◆ *Colorado Department of Education*
  - ◆ *Colorado Department of Health Care Policy and Financing*
  - ◆ *Colorado Department of Human Services*
  - ◆ *Colorado Department of Law*
  - ◆ *Colorado Department of Public Health and Environment*
  - ◆ *Colorado Department of Public Safety*
  - ◆ *Colorado Department of Local Affairs*

*The Commission would also include representatives from:*

- *Advocacy organizations representing consumers and families*
- *Provider associations representing mental health, substance abuse, and primary health care.*
- *Communities*

*Each branch of government would appoint their own representatives to serve on the Commission. The other representatives would be appointed jointly by the Governor and the Colorado State Legislature. The Commission would review, monitor, and evaluate on a regular basis the implementation of its directives and progress made, and adjust them as needed.*

**Recommendation #1 Comments:**

*For more information, please contact the Center for Systems Integration (CSI) and NPM Consulting at Denise@csi-policy.org*

## Clarify the Commission's role and authority.

### *Authority:*

- ◆ The proposed Commission should provide the authority to move things forward diligently.
- ◆ The Commission should have broad power and the ability to hold hearings about certain events and episodes that overlap with mental health issues in Colorado. For example, the Commission should have the ability to hold hearings on certain events that overlap with other agencies such as law enforcement and mental health agencies in an effort to learn from and develop better ways of dealing with and preventing certain issues from occurring again in the future, like Columbine and the recent church shootings in Arvada and Colorado Springs.
- ◆ There are challenges that must be addressed with a Commission that has some decision-making authority and broad representation with the technical, organizational and legal difficulties of committing various agencies and organizations.
- ◆ Recognize Behavioral Health Services as the state behavioral health authority and how its role may change based on the recommended Commission. Who is in charge? Who is responsible?
- ◆ The Commission should directly report to the Governor. (Unclear as to who implements the decisions that the commission recommends.)

### *Scope: Public and/or Private*

- ◆ Specify that the Commission's role is for the public system.
- ◆ Commission's role should address the private system, including psychiatric hospital services that are used by unfunded clients from both an integrated service of care and financing/funding standpoints.

### *Other:*

- ◆ Strengthen language to include that the Commission would help to combine or integrate the efforts of cross-systems behavioral health.
- ◆ The Commission should build on the work that is being done in early childhood mental health and Colorado LINKS.

### Participants/Members:

- ◆ Stress the commitment from each agency to send someone who can speak for the agency in decision making processes.
- ◆ Include DORA and/or Division of Insurance as members due to workforce, licensing issues. Include Department of Labor and the Commission on Higher Education due to workforce issues.
- ◆ Consumers, youth and families must be represented in addition to consumer and family advocacy organizations. They must have an active voice on the Commission.
- ◆ Include more local representation and not just state agency participation
- ◆ "Communities" is too vague a terms. Does this mean cities or counties? Does it include law enforcement? How would the specific representatives be selected?
- ◆ Caution about too many appointments to the Commission since it could hamper progress

## **II. Recommendation #2: Shared Outcomes**

**Recommendation #2:** *The 1050 Task Force recommends that the Commission develop and implement a set of shared outcomes across key systems to improve the lives of Colorado's consumers, children, youth, and families with behavioral health issues and the communities in which they live.*

*[Shared outcomes based on the values and recommendations for discussion at the January 8<sup>th</sup> Task Force meeting and/or identify areas for shared outcomes for the Commission. Not included in this first draft per Task Force discussion].*

### **Recommendation #2 Comments:**

- ◆ Shared outcomes must include those that are agency-specific outcomes or they will drop down to the lowest common denominator and may not stretch the measurement of important measures for various agencies.
- ◆ Shared outcomes should be integrated/coordinated with federally mandates ones.
- ◆ There must be measurable outcomes with shared accountability or nothing significant will improve or change.

## **III. Recommendation #3: Alignment of Service Areas**

*Recommendation #3: The 1050 Task Force recommends that as one of the Commission's charges it plan and implement an alignment of service areas across systems so that consumers, children, and families have equitable, timely access to a full continuum of services provided through an integrated behavioral health system regardless of where they live in Colorado. A comprehensive alignment of service areas can also increase local collaboration across systems and define integrated service sectors.*

### **Recommendation #3 Comments:**

- ◆ Important to define what the alignment may be. For example, in rural areas a county by county alignment may not work but a regional approach would since it allows for adequate resources and a workforce to address the need.

## **IV. Recommendation #4: Joint Auditing Across Systems:**

*Recommendation #4: The 1050 Task Force recommends that the Commission expand the use of joint auditing across systems, which could include fiscal and/or programmatic audits, keeping in mind that each system does have different reporting requirements to the federal government. Any development of common reporting requirements from providers therefore would have to take into account the federal requirements.*

### **Recommendation #4 Comments:**

- ◆ Add joint accountability as well as joint auditing
- ◆ Needs further clarification
  - Criteria in the audit would need to be clearly defined prior to auditing and who and how such audits are envisioned.
  - It is essential to recognize the different mandates of various state agencies and how that impacts the ability to deliver mental health care.

## **V. Recommendation #5: Joint Budget Planning Across Departments**

*Recommendation #5: The 1050 Task Force recommends that the Commission design and implement a five year strategic joint budget planning process across departments to support these cross-system needs. Often savings for a new program are not seen for several years and this would [provide for long range benefits to be part of the discussion and process]. Such planning could also help to identify areas where additional funding is needed to support the full continuum of behavioral health services and reduce any redundancies.*

## **VI. Recommendation #6: Integrated Behavioral Health Policies, Rules and Regulations**

*Recommendation #6: The 1050 Behavioral Health Task Force recommends that the Commission address these barriers by developing integrated behavioral health fiscal policies, rules and regulations that align with integrated behavioral health service delivery.*

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## **Recommendation #6 Comments:**

- ◆ Take into consideration HCPF's Medicaid Mental Health Capitation RFP.
- ◆ Commission should address the administrative costs and loss of treatment capacity incurred by the multiple documentation, rules, and regulations governing behavioral health services. Some administration is necessary, but this time could be better used providing direct services to people who need them.

## **VII. Recommendation #7: Financing Reform to Support an Integrated Behavioral Health System**

**Recommendation #7:** Financing reform to support an integrated behavioral health system across all state departments is needed in Colorado. Such reform should address maximizing federal funding and effectively utilizing current funding in order to support a full continuum of behavioral health services from prevention through treatment and recovery. It also should address the inequity in rates between the different systems providing behavioral health services. **These inequities should be addressed at the same time since they are interdependent. Reducing rates in some regions in community-based services may lead to higher rates of use of resources in child welfare, youth corrections, or adult corrections.** Some reform efforts may be achieved quickly. Others may take longer to achieve.

Current opportunities for Colorado to maximize federal funding are: adopting CMS codes for screening, brief intervention, and referral to treatment; pursuing federal substance abuse funding for Native Americans through a [Insert Citation]; and increasing the number of children eligible for CHP+ (Child Health Plan Plus) who are not enrolled as proposed in the Governor's 2008 budget. These opportunities **may** present an early win for Colorado to increase funding to support behavioral health services.

The 1050 Task Force further recommends that the Commission develop and implement a financing reform plan **and structure** that: supports the full continuum of behavioral health services statewide; **minimizes the barriers and effects of funding silos; maximizes the use of cross-system funding; reduces barriers that currently hinder Medicaid and CHP+ enrollment and significantly reduces the length of time to become eligible for Medicaid or CHP+; addresses the cost resulting from consumers with behavioral health disorders not receiving any treatment or adequate treatment; and recognizes that new additional funding will be needed rather than shifting existing funding for the planning and initial stages of implementation.** As the Commission's implementation plan yields efficiencies, the Commission will address how to shift resources to the most appropriate needs at that time.

## **VIII. Recommendation #8: Electronic Cross-System Data Collection, Sharing, and Evaluation**

**Recommendation #8:** The 1050 Task Force recommends that the Commission **investigate and develop recommendations for utilization of** an electronic cross-system data collection, sharing, and evaluation system to better serve and meet the needs of consumers and families with behavioral health needs. The electronic system would include an electronic health record with a common consent form for the release of information and treatment plan, **including any advance directives from the consumer, and should follow the technical standards for the operation of health information exchange being established by the Office of the National Coordinator of Health Information Technology in the U.S. Department of Health and Human Services.** The benefits of such an electronic health record for consumers and providers would be numerous and particularly advantageous in emergency situations where emergency/crisis services are often provided at locations other than where primary care is provided.

## **Recommendation #8 Comments:**

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- ◆ The state now has a new office of technology that will need to be involved in any discussion about development of technology systems.
- ◆ Interim agreements need to be put in place to insure that consumers will not lose services as they move from system to system.
- ◆ 'Hold Harmless' period where the receiving agency agrees to accept the evaluation and service plan of the sending agency and provide services under that plan for a period of time (1 or 2 months) until the receiving agency can complete its own triage and evaluation process.
- ◆ Sharing of information between systems may have a negative impact on the willingness of consumers to become involved with systems.

## **IX. Recommendation #9: Cultural Competency:**

**Recommendation #9:** *The 1050 Task Force recommends that the Commission work in collaboration with the Colorado Health Disparities Leadership Council to develop and implement cultural competency standards, definitions, and requirements, including training and reporting, to provide equitable treatment of culturally diverse consumers and families with behavioral health issues.*

### **Recommendation #9 Comments:**

- ◆ Additional funding is needed to support this recommendation.
- ◆ Need to be able to provide crisis services to all segments of the population regardless of immigration status and country of origin.

## **X. Recommendation #10: Consumer, Family and Youth Involvement**

**Recommendation #10;** *The 1050 Task Force recommends that the Commission develop and implement standards for the involvement of consumers and families. In doing so, it should also address barriers to involvement such as reimbursement for travel and other expenses related to participating in policymaking efforts.*

### **Recommendation #10 Comments:**

- ◆ To have meaningful involvement, involvement must be required, funded, and supported with training for consumers/families/youth, administrators and providers to be successful.
- ◆ Service delivery: the money needs to follow the consumer and many of these issues will be resolved regarding meaningful consumer, family and youth involvement.
- ◆ Address consumer and family involvement in cross-system evaluation of services on a regular basis that is widely reported; and more systemic use of consumers and family members as peer educators, resources, and participants in actual service delivery as well as in planning.
- ◆ Strengthen Consumer and Family involvement throughout the all of the recommendations.
- ◆ The definition of consumer should be expanded to include the local agencies that interface with these agencies for services from time to time. Recommendation #10

## **XI. Recommendation #11: Workforce Development**

**Recommendation #11:** *The 1050 Task Force recommends that the Commission develop an appropriate workforce to address the behavioral health needs of Coloradans across the state. Strategies considered at 1050 Task Force meetings include: standards for co-occurring training curricula and cross-training on mental health and substance abuse; use of telemedicine; availability of consultation services for primary care physicians; and tuition reimbursement for needed behavioral health specialist in underserved areas of the state.*

### **Recommendation #11 Comments:**

- ◆ Address higher education and its role in preparing the workforce for the public sector.
- ◆ All providers must be licensed and regulated and required to have CEUs (“Continuing Education Units”). The requirement of CEUs pushes the training and educational system to offer more opportunities and develop the capacity to reach out to rural areas. Specific endorsements must be required for specialty areas.
- ◆ Specify in that wraparound and system of care values and principles are part of workforce development.
- ◆ Greater need for more CIT training to be provided to law enforcement. Include mandate that new police officers receive CIT training at the police academy prior to working on the streets.
- ◆ Compensation for community-based behavioral health providers must be at least equal to their counterparts in state employment.
- ◆ Acknowledge and address the challenges posed by rural and frontier communities in addressing workforce development.
- ◆ Incentives (in addition to tuition reimbursement) for students to become providers.
- ◆ Standards for co-occurring training and cross-training on mental health and substance abuse.
- ◆ Availability of consultation services for primary care physicians.
- ◆ Address the concern that mental health and substance abuse providers do not want to lose their specialty in an integrated behavioral system.

### **XII. New Recommendations:**

- ◆ *Vision and Guiding Principles:*
  - The vision and guiding principles should be a recommendation also.
  - *Framework:* Cross-system vision and framework that includes:
    - Wraparound and System of Care
    - Recovery
    - Prevention focus
  - *Comprehensive Integrated System.* A recommendation for the comprehensive integrated system should include prevention, early intervention, treatment, recovery, and crisis stabilization services at all levels of care regardless of where an individual lives in Colorado.
- ◆ *Public Education:* Education of the public should be one of the Commission’s mandates.
- ◆ *Evidence Based Practices:* Funding is needed to conduct research on outcome-based treatment delivery systems. The concept of using EBPs is important, but must recognize that in the area of Mental Health and Substance Abuse Services there are relatively few EBPs that have emerged. There are promising practices based on research that are on the way, and others that are just beginning to get the data pathway developed to measure them (yet, they appear to be effective). The State should not move towards only funding EBP’s but should be measuring outcomes on what services are being provided and then using these practices more universally that show they are achieving those outcomes clinically, and with cost effectiveness.
- ◆ *Local Level:* The report is focused on state level service and needs to be expanded to address local service delivery, including the challenges and recommendations to address challenges facing rural areas of Colorado.
- ◆ *Statewide crisis stabilization services.* Address the need for statewide crisis stabilization services that includes adequate bed space to house individuals in crisis and juvenile crisis stabilization and housing them in a detention facility until the crisis has passed.