Colorado Behavioral Health System

Challenges and Opportunities

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How did we get here?

- Medicaid expansion resulted in 83% increase in people with behavioral health concerns served in first few years but capacity trailed demand
- Provider-owned managed care organizations coupled with capitation payments incentivized restriction of network providers in public system
- Availability of high intensity community models shrunk due to lack of incentives in behavioral health capitation and OBH case rate payments
- Commercial insurers continued historically restrictive practices in behavioral health coverage and parity enforcement lagged
- National workforce shortage and strong Colorado economy
- Opioid prescribing contributed to increase in recognition of addiction
- Deterioration of public safety net resulted in more people with mental health and substance use conditions entering criminal justice system

Reasons for Optimism

- Medicaid Regional Accountable Entities (RAE)
  - Integration of behavioral and physical health
  - Enhanced network adequacy requirements
  - Increased outpatient utilization
- Crisis Services Rebid
  - Prioritized mobile crisis to community locations rather than hospitals
  - Increased emphasis on children and youth
  - Aligned with RAE regions
  - Focus on care coordination and follow-up
- Governor's Behavioral Health Task Force
- Parity Enforcement
  - HB 19-1269 increases parity enforcement and reporting among commercial insurers and Medicaid
- Investments focused on historically underserved populations and regions
  - HB 19-1287 increases funding to underserved parts of the state
  - HB 19-1193 creates high risk families fund to serve children and families with substance use disorders
  - SB 17-202 provides for infrastructure support for substance use services
  - HB -18-1136 create full continuum of substance use services in Medicaid

Overcoming the challenges

- Complete an objective assessment of what we have, what we need, and where we need it
- Rethink historical assumptions about how and where money is spent
- Incentivize competition and network expansion
- Ensure that consumers have choice of providers
- Expand school-based health professionals
- Establish clear accountability, responsibility, and transparency expectations for our partners
- Create systems that assume responsibility for coordinating care across systems and episodes of care

What local communities are doing – part 1

- Engaging in local planning efforts bringing all the local partners together
- Collaborating across historical regions
- Establishing minimum service standards and accountability measures and holding each other accountable to reach these standards
- Running local tax measures
- Incentivizing new providers to serve the community

What local communities are doing – part 2

- Thinking differently about how to serve people such as home and school-based care and use of technology
- Extending the workforce through use of peer providers and physician extenders
- Assertively following-up with people after a crisis or intensive service episode
- Providing mental health and substance use treatment (including medications) in jails with warm hand-offs upon release

Questions?