



A Vision for Integrated Health:

Colorado Hospitals' Shared Commitment to Behavioral Health

November 2017

INTRODUCTION

Behavioral health – a term inclusive of both mental health and substance use – is unfortunately considered by many to still be an “emerging” issue, although it is central to ensuring individuals and communities can achieve their optimal health. While issues such as high suicide rates and the opioid crisis are routinely front-page news and top-of-mind for policymakers at the state and federal levels, the relationship between behavioral health and physical health has a complicated history. Colorado acute care hospitals and health systems – traditionally established to provide physical health care, rather than behavioral health care – are deeply involved in providing behavioral health treatment in their communities.

Whether through crisis services provided in the emergency room, prevention and screening services offered in primary care environments, identifying behavioral health needs in conjunction with treatment for a chronic or acute illness, or ensuring that post-acute care adequately meets the physical, behavioral, and social needs of patients, Colorado hospitals and health systems have become key providers of behavioral health services across the continuum of care.

This strategic document outlines Colorado hospitals' involvement in and commitment to improving behavioral health in Colorado across the continuum of care, with a focus on achieving the following vision for behavioral health in Colorado:

The Colorado Hospital Association envisions a health care system where every Coloradan has equitable access to physical and behavioral health delivered seamlessly in their community.

In addition to being involved in some of Colorado's most significant – and often contentious – behavioral health policy debates of the last decade, elements of the Colorado Hospital Association strategic plan also reflect its overall commitment to improved behavioral health in Colorado, through a focus on a workforce representative of the communities our members serve, promoting patient-centered integrated care, and supporting optimal clinical outcomes to ensure value.

BEHAVIORAL HEALTH IN COLORADO

In 2017, Mental Health America released a report titled “The State of Mental Health in America” to provide a snapshot of mental health among individual states and across the U.S. as a whole.¹ According to the report, Colorado ranks 25th overall, reflecting a decreased rank from 17th overall in 2011. The report looked at a number of factors to determine the overall ranking including: prevalence of mental illness and access to care for youth (29th); prevalence of mental illness (44th); and access to mental health care (16th). Nearly 18 percent of Coloradans – 710,000 individuals – report having mental illness and roughly 10 percent report having a substance use or alcohol problem.²

The recently-released 2017 Colorado Health Access Survey found that approximately one in 13 Coloradans – about 7.6 percent – did not receive needed mental health services.³ Further, approximately 67,000 Coloradans reported needing – but not receiving – treatment for substance and alcohol use in the past twelve months. Colorado has also seen an increase in Coloradans reporting overall poor mental health, now greater than 1 in 10 Coloradans.⁴

Colorado’s Continued Behavioral Health Challenges

Several key issues continue to create challenges in the overall behavioral health system in Colorado and drive a need for greater emphasis on solving broader access to care issues. Colorado has one of the highest suicide rates in the nation, and studies show that residents in rural areas of state – specifically Gilpin, Clear Creek, Park and Teller counties – are more prone to suicides than the rest of the state.⁵ Statewide, men die by suicide at a higher rate than females do, and the numbers continue to trend upward.

The opioid epidemic has gained national attention as states and the federal government grapple with how to decrease the number of people addicted to prescription and illicit opioids. Colorado has not been immune to the issue, and data suggests that young Coloradans between the ages of 12 and 24 ranked second in the nation for non-medical use of prescription painkillers.⁶ While abuse of opioids appears to be leveling off, heroin-related deaths have increased across the state suggesting that even if fewer Coloradans are using prescription opioids, they may be turning to illicit opioids, such as heroin, as an alternative.⁷

In 2012, Colorado voters passed Amendment 64 which legalized the use of recreational marijuana. As the State began to create the regulatory infrastructure necessary to facilitate responsible, legal use of marijuana, many were – and continue to be – concerned about the impact of recreational marijuana on use of other substances and on behavioral health more generally. In addition, a

¹ “The State of Mental Health In America: Ranking the States,” Mental Health America, 2017. Available at: <http://www.mentalhealthamerica.net/issues/ranking-states>

² The Substance Abuse and Mental Health Services Administration (SAMHSA) defines “any mental health illness” as having a diagnosable mental, behavioral, or emotional disorder other than a developmental or substance use disorder. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUHmhfr2013/NSDUHmhfr2013.htm#2-1>

³ “Colorado’s New Normal: Findings from the 2017 Colorado Health Access Survey,” Colorado Health Institute, September 2017. Available at: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

⁴ “Colorado’s New Normal: Findings from the 2017 Colorado Health Access Survey,” Colorado Health Institute, September 2017. Available at: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

⁵ “Suicides in Colorado Reach All-Time High,” Colorado Health Institute, February 2017. Available at: <https://www.coloradohealthinstitute.org/research/suicides-colorado-reach-all-time-high>

⁶ Colorado Consortium for Prescription Drug Abuse Prevention. Available at: <http://www.corxconsortium.org/>

⁷ “Miles Away From Help,” Colorado Health Institute, May 2017. Available at: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf

portion of recreational marijuana tax revenues is used to support behavioral health services in the state.

Rural Coloradans continue to have significantly less access to behavioral health services than their urban counterparts. Rural Colorado counties have one behavioral health provider per 6,008 residents versus one behavioral health provider per 3,601 urban Coloradans; 22 Colorado counties do not have a licensed psychologist; thirty-nine counties do not have a psychiatrist; and nearly all psychiatrists practicing in sub-specialties work in the Denver and Colorado Springs metropolitan areas.^{8,9,10}

The Role of Colorado Hospitals

Colorado hospitals work to provide the best care to the people in their communities every day. While hospitals are required by federal law to screen and stabilize anyone who walks in the door for an emergency medical condition, not all facilities are equipped to treat all types of conditions – including behavioral health emergencies.¹¹ Smaller hospitals, especially those located in rural areas, often struggle to find a more appropriate placement for these individuals leading to long wait times – sometimes days or weeks – in emergency departments.

Although federal parity laws now require that private insurance companies provide the same coverage for mental health as physical health to their beneficiaries, behavioral health services have historically had only limited insurance coverage and been chronically underfunded, which has left the state lacking in the availability of a behavioral health workforce and services. While the numbers are improving, Colorado currently has the lowest rate of public psychiatric care beds in the U.S. The national average is 26.1 beds per 100,000 population, Colorado's average is only 5.5 beds per 100,000 population.¹²

Recent Developments in Colorado Behavioral Health Policy

Over half a century ago, there was a considerable nationwide movement to deinstitutionalize individuals with mental illness. Given historic maltreatment of and discrimination against this population, the efforts were well-intended, but they have created long-standing deficits in communities' ability to provide adequate behavioral health care. The original concept was that individuals with mental health needs would receive care in the community and that inpatient mental health services would be needed only rarely. As such, policies were put in place to provide for a community mental health safety net and discourage inpatient mental health care (largely through prohibitions on reimbursement for inpatient services through Medicare and Medicaid). Unfortunately, community-based mental health services have faced chronic under-funding, leaving the safety net inadequate to meet community needs.

In the past decade, we have seen a resurgence of behavioral health as an issue, with a focus on two primary objectives that have the potential to be game-changers for treatment of behavioral health.

⁸ "Snapshot of Rural Health in Colorado," Colorado Rural Health Center, 2017. Available at: <http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/Final-Snapshot-2.28-1.pdf>

⁹ "Mental Health in Colorado: Five Things to Know," Colorado Health Institute, April 2017. Available at: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Mental%20Health%20in%20Colorado%202020%20page2_0.pdf.

¹⁰ "The Status of Behavioral Health Care in Colorado, Advancing Colorado's Mental Health Care," Mental Health Funders Collaborative, 2011 Update. Available at: <http://www.coloradotrust.org/sites/default/files/MHCCHighlights.pdf>

¹¹ 42 CFR 489.24

¹² "America's Emergency Care Environment, a State-by-State Report Card," American College of Emergency Physicians, 2014. Available at: <http://www.emreportcard.org/>

The first objective of this movement has been to ensure parity between treatment for physical and behavioral health conditions, primarily through changes to insurance coverage regulated at the state and federal levels.¹³ The second objective has been to better integrate care for substance use, mental health, and physical health – three systems that have historically functioned entirely independent from one another, although a majority of efforts to-date have been focused in the primary care environment.¹⁴

These objectives have been advanced by the dramatic expansion of health care coverage in the U.S. – and Colorado – has witnessed in the past several years, with Colorado’s uninsured rate down to an historic low of just 6 percent. However, the effectiveness of these efforts have been hampered by challenges across the public and private sectors: pervasive underfunding; determining how to best regulate and enforce new laws; assessing health care providers’ capacity to facilitate care integration, both clinically and operationally; developing payment infrastructures for integrated services; building a workforce that can simultaneously provide adequate physical and behavioral health care; and determining how to decrease community stigma around mental health and substance use, among many others.

PUTTING THE PIECES TOGETHER: A BEHAVIORAL HEALTH STRATEGY FOR THE COLORADO HOSPITAL COMMUNITY

The Association is committed to fulfilling its vision for behavioral health in nearly every facet of its work. From advocacy to patient safety, payment to clinical practice, CHA and its member hospitals are working to break down the barriers between physical and behavioral health within the broader health care delivery and payment system. CHA is guided by the reality that hospitals and health systems interact with individuals with behavioral health needs across the care continuum – from individuals experiencing a behavioral health crisis, to those wanting a referral to community-based mental health treatment to those seeking complementary behavioral health services in conjunction with physical health care, to those in need of inpatient care. In each of these care settings, hospitals seek to provide compassionate care that ensures access to behavioral health care in a delivery setting best suited to the individual’s needs. Collectively, Colorado hospitals also have an eye on the future and are developing approaches to providing behavioral health care consistent with Colorado’s efforts to transform the health care system.

The following outlines ongoing work of the Association, as well as work CHA has recently undertaken or plans to begin in the coming years, across three areas where hospitals commonly provide behavioral health care: supporting emergency and crisis services; providing access to outpatient and inpatient behavioral health services; and building strong networks to ensure continuity of care.

¹³ Mental Health Parity and Addiction Equity Act (MHPAEA) was passed in 2008, at which time it applied to federally-regulated health plans. With the passage of the Affordable Care Act in 2010, its provisions were expanded to ACA-compliant plans regulated by states, and “mental health and substance use” is considered an Essential Health Benefit.

¹⁴ In Colorado, the state’s State Innovation Model (SIM) grant focuses in this area, as will the efforts of “Phase II” of the Medicaid Accountable Care Collaborative.

Supporting Emergency & Crisis Services	Providing Access to Outpatient & Inpatient Behavioral Health Services	Building Strong Networks to Ensure Continuity of Care
<p>Improving Hospital Workforce Training & Ensuring Workforce Safety</p> <p>Ensuring Mental Health Services Are Available Throughout the Community</p> <p>Responding to Colorado’s Challenges with Opioids and Suicide</p>	<p>Ensuring Behavioral Health Parity in Medicaid</p> <p>Holding Medicaid Behavioral Health Organizations Accountable</p> <p>Expanding Capacity By Restricting the “IMD Exclusion”</p> <p>Creating a Medicaid Inpatient Benefit for Substance Use Disorders</p>	<p>Expanding Access to Behavioral Health through Telehealth</p> <p>Looking Beyond the Current Model: Hospital Transformation Program</p>

Supporting Emergency and Crisis Services

In hospitals across the state, individuals routinely arrive to emergency departments seeking care for a mental health or substance use crisis. These emergency situations vary widely in severity, and emergency departments are required to provide stabilizing care within the hospital’s capacity and capability. Unfortunately, with a shortage of behavioral health providers across Colorado, emergency departments are not always capable of providing a full range of behavioral health care, and are not ideal settings for an individual in need of long-term treatment.

Despite these challenges, Colorado hospitals are investing significantly in ensuring they can provide adequate and responsive care to individuals in crisis, with a particular focus on ensuring workforce training and safety, ensuring a broader safety net of mental health services are in place in the community to respond to individual needs, developing responses to the ongoing crises of high suicide and opioid use rates.

Improving Hospital Workforce Training & Ensuring Workforce Safety

The Association is working diligently to improve how behavioral health crisis services are delivered in Colorado hospitals. In 2016, CHA kicked off a three-year Hospital Improvement and Innovation Network (HIIN) workplace violence project. Within HIIN, seven CHA member hospitals are working on employee safety as part of their goals, including de-escalation of crisis situations and after-care of staff. From these hospitals, CHA will share lessons learned and best practices across member hospitals and health systems to provide better care for all patients and better support for hospital staff.

In 2018, CHA’s Clinical Excellence Council will partner with the Colorado Behavioral Healthcare Council (CBHC) to provide hospitals with the opportunity for Mental Health First Aid Training. The training gives frontline emergency department staff the tools to identify, understand and

respond to signs of mental illnesses and substance use disorders.¹⁵ In addition, CHA's Workforce Council is currently working to build a toolkit covering all aspects of safety for hospital staff with three areas of focus: prevention, intervention, and support. A major component of this will be targeted to front-line emergency department staff, particularly for smaller, rural hospitals who often lack behavioral health professionals and must deescalate and stabilize individuals in crisis. Finally, the Association will be providing workplace violence support by conducting five regional trainings for CHA member hospitals across the state in 2018.

Ensuring Mental Health Services Are Available Throughout the Community

Because emergency departments are generally not an ideal setting for treating non-emergent behavioral health needs, CHA has played an important role in statewide policy conversations on mental health crisis services for the past several years. These efforts have included participation in the Governor's Mental Health Holds Task Force, and the 2017 passage of Senate Bill 17-207, which made significant changes to the state's crisis mental health statutes and resulted in additional resources for crisis services.^{16, 17}

In many communities across Colorado, hospitals are sometimes the only health care provider and hospital-affiliated clinics or providers offer behavioral health services. In other communities, hospitals partner with the state's Community Mental Health Centers or other mental health providers to ensure that individuals with behavioral health needs can receive care in the community. Very few communities in Colorado – with the exception of those along the densely-populated Front Range – have the ability to offer inpatient mental health services, leaving many to rely on the services available on an outpatient basis in their community. As such, it is crucial for Colorado to have a robust mental health safety net, regardless of a particular hospital's role in providing those services.

In 2017, CHA worked to remove a prohibition in state law that made it illegal for individuals on a 72-hour mental health "hold" (because they were perceived to be an imminent danger to themselves or others) to be taken to hospital emergency departments, the vast majority of which are not "designated" by the Office of Behavioral Health as having specialty psychiatric services. This law conflicted with hospitals' federal obligations and did not reflect the reality of what was happening in communities all across the state. CHA was successful in removing this barrier, thus expanding the available options for entering treatment statewide. CHA was also successful in pushing for increased funding for the statewide crisis services system, critical to ensuring that people in crisis can get seek treatment closer to home and/or be transported in a short amount of time should services not be available in their community. Finally, although rarely used in current practice, following the passage of SB 17-207, individuals on mental health holds will no longer be able to be taken to a law enforcement facility (beginning in mid-2018), further sharpening the need for community-based mental health crisis services across the state.

CHA will continue to be engaged in stakeholder forums and with regulatory agencies implementing components of this legislation, including the Mental Health Advisory Board for Service Standards and Regulations, responsible for making recommendations to implement the remaining recommendations of the Mental Health Holds Task Force and SB 17-207; the Behavioral Health Transformation Council (BHTC), charged with examining the existing

¹⁵ <https://www.mentalhealthfirstaid.org/cs/about/>

¹⁶ <https://www.colorado.gov/pacific/cdhs-boards-committees-collaboration/mental-health-hold-task-force>

¹⁷ <http://leg.colorado.gov/bills/sb17-207>

behavioral health resources from hospitals, community mental health centers and the crisis services system to identify gaps and find opportunities for alignment; and the Colorado Commission on Criminal and Juvenile Justice (CCJJ), which will be developing recommendations for law enforcement to protect individuals in crisis and get them transported to the appropriate level of care in a timely manner.

Responding to Colorado's Challenges with Opioids and Suicide

Unfortunately, as a state, Colorado ranks near the top for both the number of suicides and deaths from opioid overdoses.^{18,19} For the past few years, CHA has participated in the Colorado Suicide Prevention Commission's Emergency Services Workgroup, which examines best practices for identifying suicidality in emergency departments and providing hospital staff with the tools for making appropriate referrals to treatment. In 2016, CHA supported legislation from this group that instructed the State Office of Suicide Prevention to work with health systems to implement the Zero Suicide model.²⁰ As part of this legislation, CHA will be working with the state to inform members about the model and to connect member hospitals and health systems wishing to implement the model with resources.

Additionally, a research team with both national and Colorado members was awarded an American Foundation for Suicide Prevention research grant to implement an ED-CALM (Emergency Department Counseling on Access to Lethal Means) project in Colorado. Specifically, the project will provide emergency department providers in several Colorado hospitals with the tools to have conversations with parents of pediatric patients about limiting access to potentially deadly weapons and medications—also known as “lethal means restriction”. CHA will be working with the Office of Suicide Prevention to share findings and best practices from this project with hospitals across the state.

The opioid epidemic has gripped public attention and concern from policy makers both nationally and here in Colorado. Recognizing the role of emergency departments in the increase of opioid prescriptions in recent years, CHA launched a six-month opioid safety pilot program in June of 2017. The goal of the project is to reduce the administration of opioids in participating hospitals' emergency departments by 15 percent. This will be achieved by implementing the new Colorado Chapter of the American College of Emergency Physician (CO-ACEP) opioid prescribing guidelines. The pilot has already gained national attention and preliminary results are showing promise.²¹ In January 2018, CHA will partner with the Colorado Department of Human Services' Office of Behavioral Health to host the Colorado Opioid Safety Summit.²² This one-day summit will reveal the results of the CHA six-month pilot program, as well as bring together leaders from across the health care spectrum to discuss the state of the epidemic in Colorado and what the health care industry is doing (and should be doing) to make a long-term impact.

¹⁸ “Suicides in Colorado Reach All-Time High,” Colorado Health Institute, February 2017. Available at: <https://www.coloradohealthinstitute.org/research/suicides-colorado-reach-all-time-high>

¹⁹ “Miles Away From Help,” Colorado Health Institute, May 2017. Available at: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf

²⁰ <http://zerosuicide.sprc.org/about>

²¹ <http://www.foxnews.com/health/2017/08/08/opioid-crisis-colorado-hospitals-join-forces-to-stem-drug-abuse.html>

²² Colorado Opioid Safety Summit Homepage. <https://cha.ps.membersuite.com/events/ViewEvent.aspx?contextID=2817b7d9-0078-ce81-834f-0b3d34ab8e00>

Complimentary to CHA's efforts around prevention, the Association is also working toward improving treatment of opioid addiction. CHA worked with the Office of Behavioral Health within the Department of Human Services to receive a nearly \$8 million dollar grant from the Substance Abuse Mental Health Services Administration (SAMHSA) for targeted response to the opioid crisis.²³ CHA will be working with at least one urban and one rural hospital to train emergency department staff in initiating Medication Assisted Treatment (MAT) in response to opioid use and connecting patients to care upon discharge. The Association is responsible for developing protocols, training materials and resources for the pilot, monitoring pilot sites and providing technical assistance throughout the project period, and developing strategies for implementation and sustainability for broader statewide application.

Finally, the Colorado legislature's Opioid and Other Substance Use Disorders [2017] Interim Study Committee has been meeting over the past several months and has been informed by CHA's efforts on substance use. The Committee's charge is broad: to review data and statistics on the scope of the substance use disorder problem in Colorado; compile an overview of the current resources available to Coloradans; review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; examine what other states and countries are doing to address substance use disorders; identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and identify possible legislative options to address these gaps. CHA will continue to monitor and support this Committee and will engage in legislation resulting from its deliberations during the 2018 legislative session.

Providing Access to Outpatient and Inpatient Behavioral Health Services

The Association has long been dedicated to ensuring that every Coloradan has access to critical health care services when and where they are needed. For CHA, this goal includes looking beyond the emergency room to break down common barriers to accessing behavioral health services in both outpatient and inpatient settings, often by addressing policy within Colorado Medicaid program. In 2014, CHA developed a vision for Medicaid that emphasized stigma reduction, access to care and integration within the state Medicaid program. Our goals here reflect that vision by expanding access and improving integration within Colorado Medicaid.

Ensuring Behavioral Health Parity in Medicaid

Included in the 2016 federal Medicaid Managed Care Rules was a requirement that states with managed care contracts are required to meet the same parity requirements regarding financial and treatment limitations as private insurers.²⁴ States were given until October 2017 to conduct an analysis of their programs and to come into compliance. Colorado recently released an analysis affirming its compliance currently.²⁵ However, the analysis lacked the criteria by which the department came to that determination or necessary information for stakeholders to provide meaningful feedback. CHA is working with partner organizations to provide feedback on this analysis and will continue to work towards parity for behavioral health services with the state Medicaid program as the Accountable Care Collaborative (ACC) moves into Phase Two beginning July 2018.

²³ <https://www.colorado.gov/pacific/cdhs/colorado-state-targeted-response-opioid-crisis>

²⁴ <https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered>

²⁵ <https://www.colorado.gov/pacific/sites/default/files/MHPAEA%20Analysis.pdf>

Holding Medicaid Behavioral Health Organizations Accountable

Related to both parity and the rollout of “ACC Phase II”, Colorado hospitals have faced great difficulties in recent years with the Behavioral Health Organizations (BHOs) responsible for coordinating behavioral health services for Medicaid clients in the state. CHA will continue to work to ensure that the BHOs are held accountable by the state and that behavioral health services provided by Colorado hospitals are reimbursed equitably by the BHOs through the remainder of ACC Phase I. Beginning in July 2018, ACC Phase II will begin and Regional Accountable Entities (RAEs) will be responsible for coordinating both physical and behavioral health care for Medicaid beneficiaries. CHA has been active throughout the ACC Phase II planning and procurement processes and will continue to work closely with the state to improve the integration of behavioral health services and ensure equitable payment.

Expanding Capacity By Restricting the “IMD Exclusion”

Ensuring equitable reimbursement for behavioral health services is a continual focus of CHA policy efforts, especially for Coloradans covered through Medicaid. This is a particular focus of the Association’s efforts to increase inpatient capacity across the state. Colorado’s stand-alone psychiatric hospitals (sometimes called IMDs – Institutes for Mental Disease) often have additional capacity that goes untapped due to current reimbursement restrictions. Currently, under a federal policy called the IMD Exclusion, state Medicaid dollars sometimes cannot be used at private facilities with more than 16 beds. The recent federal Medicaid Managed Care rules give states flexibility to pay for 15 days per month in these facilities, and Colorado Medicaid has not yet announced whether or how it will implement this policy.²⁶ If the policy were changed, these beds could be used to relieve pressure at the state mental health institutes and serve individuals in a timely manner. It is also possible that separate, non-Medicaid funds could be used for this purpose.

Creating a Medicaid Inpatient Benefit for Substance Use Disorders

The lack of an inpatient substance use disorder benefit in Colorado’s Medicaid program has long presented a barrier to individuals struggling with addiction and the providers trying to help them overcome their condition. It has also been the subject of disputes with Colorado’s Behavioral Health Organizations (BHOs) over common denials of critical mental health treatment for individuals with co-occurring diagnoses. As the state struggles with the rise of the opioid epidemic and continues its efforts to integrate physical and behavioral health, the Association plans to continue its push for the establishment of this benefit within the state Medicaid program.

Building Networks to Ensure Strong Continuity of Care

Because having sound behavioral health is so intertwined with having sound physical health, it is essential to build a health care payment and delivery system that incents integration of these two disciplines which have so often been segregated from one another. Recent efforts such as the State Innovation Model have taken important steps forward for the integration of physical and behavioral health services in the primary care environment. Acting to improve the flexibility of the behavioral health workforce, ensuring accountability for behavioral health managed care organizations, using Medicaid policy to support integrated care, and developing solutions for patients with complex needs are four efforts CHA is tackling to ensure Colorado improves its ability to provide integrated care across the care continuum and at any life stage.

²⁶ <http://files.kff.org/attachment/CMSs-Final-Rule-on-Medicaid-Managed-Care>

Expanding Access to Behavioral Health through Telehealth

Under current policies for the state’s mental health boards, behavioral health professionals wishing to provide services via telehealth technologies must first have an in-person visit with the patient. This requirement earned the state an “F” in a recent report card from the American Telemedicine Association.²⁷ CHA is working with members and staff from the Department of Regulatory Agencies to educate the state mental health boards and update the policies to reflect best practices by removing this outdated requirement for behavioral health providers.

In addition to removing policy barriers, the Association is working to build the infrastructure necessary to improve access to behavioral health services across the state of Colorado. Adequate broadband capacity including proper redundancies must exist in order for providers to collaborate for coordinated care and also to take advantage of technologies like telehealth, health information exchange, unified communications and cloud services. In 2015 the state of Colorado was awarded a \$65 million State Innovation Model (SIM) grant from the Centers for Medicare & Medicaid Services. The goal of SIM is to improve the health of Coloradans by providing access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80% of the state’s residents by 2019. CHA is contracted with SIM through the Colorado Telehealth Network (CTN) to provide subsidized broadband services to qualifying SIM providers through 2019.

Looking Beyond the Current Model: Hospital Transformation Program

With the passage of recent legislation that included creating an enterprise for the Hospital Provider Fee (HPF), the state may now maximize the federal match to this fee, increasing opportunities for delivery system reform through Medicaid. CHA is working with the state to develop a Delivery System Reform Incentive Payment (DSRIP) program – currently referred to as the Hospital Transformation Program (HTP) – that includes behavioral health integration as a key tenet, alongside care coordination and a number of other projects that relate to behavioral health services. With its slated implementation date in late 2019, the HTP may provide strong incentives for Colorado hospitals to identify and implement opportunities to improve behavioral health care.

CONCLUSION

Colorado hospitals and health systems are increasingly engaged in efforts to improve and integrate behavioral and physical health across the continuum of care. This too, goes for the Association, which is working to fulfill its vision of a health care system where every Coloradan has equitable access to physical and behavioral health delivered seamlessly in their community. This is not an easy goal to achieve, but one everyone must continue to work toward. However, there is much work to be done and this report provides a strategic path to follow to achieve that goal. CHA is confident that the work of the Association and its member hospitals and health systems is moving the state of Colorado in the right direction, and will one day lead to a fully integrated health system.

²⁷ <https://mhealthintelligence.com/news/ata-gives-the-nation-a-passing-grade-for-telemental-health>