



Behavioral Health Integration – Overview

March 2023





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Objectives

- Overview of House Bill 22-1302
- Review project timeline
- Review award details
- Review application details
- Describe evidence-based models
- Building blocks for integrated care
- Contexture offerings that can support your practice



House Bill 22-1302

- Colorado Legislature passed HB 22-1302 in May 2022
- Goal: To support, improve, and expand integrated behavioral health services in Colorado
- Grant funding offered to physical and behavioral health providers to expand access to care and treatment for mental health and substance use disorders
 - Using evidence-based integrated care model



Grant Funding

- Permissible use of grant funding:
 - Develop infrastructure for primary care, pediatric, and behavioral health professionals to better serve individuals with behavioral health needs in the outpatient setting
 - Increase access to behavioral healthcare
 - Expand early intervention tactics
 - Address the shortage of the behavioral health workforce
 - Develop and implement alternative payment models
 - Support for expenditures such as IT and data-sharing technology
 - Train primary care and behavioral health providers in trauma-informed care, adverse childhood experiences, and trauma recovery



Project Timeline

- Request for Applications Release: **March 22, 2023**
- Submission Deadline: **April 26, 2023**
- Project and Award Announcement: **June 1, 2023**
- Award Period: **August 1, 2023 – December 30, 2026**
- Practice must have capacity to work on grant requirements starting in **June 2023**



Grant Applicant Requirements

- Demonstrate expanded access to behavioral health screening, referral, treatment, and recovery care
- Collect and report data to show impact
- Leverage multidisciplinary teams
- Serve Health First Colorado members (Colorado's Medicaid population)
- Maintain emergency plans
- Include a plan for use of technology
- Commit to state department led learning collaboratives



Grant Funding

- Awarded for new work only
 - Cannot be used for pay for work that has already been completed
- May not be used to pay ongoing or existing executive or senior staff salaries, services already covered by patient's insurance, nor can funding be used to cover costs associated with ongoing or existing electronic health records.
- May support launching an entire model of integrated behavioral healthcare, but it may support addition, expansion, or improvement of a particular aspect of a selected evidence-based model.



Award Details

- Up to \$400,000 with average grant award amounts around \$200,000
- Amounts will depend on the scope of Health First Colorado members served
- Amounts will be based on the number and quality of applications
- The Department anticipates up to 150 sites with up to 5 sites allowed per application
- Hospital-owned or hospital-affiliated practices will have a cost sharing match requirement dependent on total profits in FY2021

Application Process

- Applicants will be prioritized if they can demonstrate that their project meets as many of the following as possible:
 - Serve individuals with co-occurring and complex care needs, serious mental illness or disabilities
 - Serve children and youth
 - Include opportunities to build out community health worker, behavioral health aide, or similar programs supported by population-based payments
 - Serve pregnant and postpartum people
 - Small or independent practice
 - Award amounts will depend on the scope of Medicaid members served and the number and quality of applications



Application Tracks

- New Implementer Track
 - Have no current integrated behavioral health programs
 - Have had to end integrated care programs
 - Offer very limited integrated care programs
 - Plan to use funding to build an entirely new program
- Expansion Track
 - Already have integrated behavioral health programming
 - Plan to use funding to expand capacity, create new programs, or improve outcomes



Evidence-Based Models

- Collaborative Care Model
- Primary Behavioral Health Homes
- Remote Psychiatry Support
- Health Homes for those with Severe Mental Illness
- Care Management Models
- Home Visit Models



Collaborative Care Models

(CoM)

- Care Team
 - Billing provider
 - Identifies patient in need
 - Supports the behavioral health specialist, often with prescriptions as needed
 - Behavioral healthcare manager/specialist
 - Sees the patient often as part of the same visit
 - Stays involved in care for short course or until connection to specialist can be made
 - Consulting psychiatrist
 - Consult visits on more complex diagnostic evaluations or medication adjustments
 - Efficient use of technology plays a key role



Primary Care Behavioral Health Homes

(PCBH)

- Care Team
 - Billing provider – typically the PCP
 - Behavioral health specialist
 - Typically, do not have integrated psychiatry and rely more heavily on outside referrals for complex cases
 - Efficient use of technology plays a key role



Remote Psychiatry Support

- Behavioral healthcare is provided by a medical provider using psychiatry consult services
- Medical provider is ultimately responsible for providing behavioral healthcare and appropriate follow up
- Consult services via telephone, email, or e-consult to aid in diagnosis and management
- Psychiatry consult gives advice and counsel but does not typically see the patient or provide ongoing care

Care Management Models

- Systematic routine screening and education for behavioral and physical health conditions and risk factors
- Systematic data collection and tracking of positive results to ensure engagement in appropriate services
- Psychiatric consultation if clinically indicated
- Care plans discussed with the PCP
- Stepped care approach to management of identified behavioral health condition
- Capacity for integrated teamwork to ensure follow up and coordination regarding positive screens with access to well-coordinated referrals
 - Team may consist of a nurse or care coordinator or behavioral health consultant, primary care provider, consulting psychiatrist



Home Visit Models

- Home visits conducted by medical and/or behavioral health professionals
- Services are provided within the home
- Issues identified are communicated back to patient's primary care provider



Population Information

- Total patient panel for CY2021
- Medicaid patient panel for CY2021
- Behavioral health services provided in CY2021
- Populations served



Building Blocks of Integrated Behavioral Healthcare

Leadership/Data-Driven Quality Improvement/Team-Based Care

- Leadership
 - Defined mission and vision related to behavioral health needs
 - Budget with allocated resources for work related to behavioral health
- Data-Drive Quality Improvement
 - Meet regularly to review data
 - Collect and report measures specific to behavioral health efforts
 - Collect and report on holistic patient-reported measures, i.e., experience, access, functioning or quality of life
- Team-Based Care
 - Defined roles, responsibilities and workflows related to behavioral health services
 - Behavioral health training as part of onboarding and ongoing staff development



Building Blocks of Integrated Behavioral Healthcare

Patient and Family Engagement/Access to Care

- Patient and Family Engagement
 - Educate patients and family members/caregivers on behavioral health services available
 - Obtain feedback from patients/family/caregivers
 - Patient experience surveys
 - PFAC
 - Self-management support with goals that support wellness
- Access
 - Ensure physical space and services are accessible and all inclusive
 - Ensure patients are able to receive behavioral health services through audio only or audio-video telehealth. Video visits are not a requirement.



Building Blocks of Integrated Behavioral Healthcare

Comprehensiveness and Care Coordination

- Comprehensiveness and Care Coordination
 - Primary Care Provider diagnoses and offers medication management
 - Referral pathways for behavioral health conditions including referral sources for populations with specific needs
 - Ensure primary referral sources have availability and are accepting new patients
 - Provide crisis resources and referrals as indicated
 - In pediatric practices, develop protocols for care transitions to adult behavioral health services



Additional Narratives

- Projected impact for Medicaid members
- Community Connections and Partnerships
- Contingency plan for behavioral health emergencies
- Sustainability plan



Milestones

- Be prepared to complete milestone timeline to include major tasks/activities
- Complete the time frame starting July, 1 2023, with project completion date of Dec. 30, 2026
- Group/list all activities that will happen each quarter throughout the grant
- Required milestones:
 - Necessary staff must be hired by 6 months into the grant period
 - First patients must be served by 12 months into the grant period



Budget

- Utilize the budget worksheet provided
- Must include all expenses
- Applicants are responsible for ensuring calculations are accurate
- Provide budget narrative for each expense/expense category
- Budget Categories per worksheet
 - Personnel
 - Fringe Benefits
 - Travel
 - Equipment
 - Supplies
 - Contracts
 - Indirect Cost

[Budget Worksheet](#)



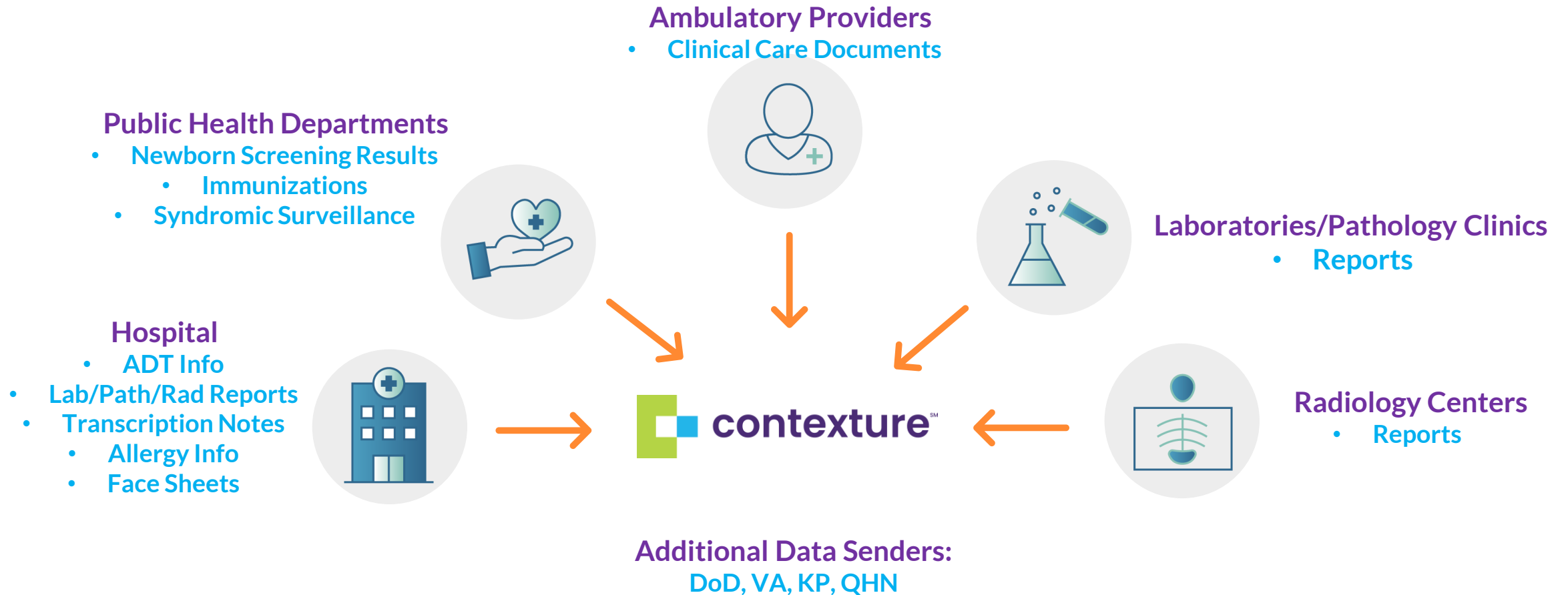
Budget Categories – Description

- **Personnel**
 - FTE title, salary, number of months requested
- **Fringe**
 - Fringe benefits per each requested FTE
- **Travel**
 - Necessary travel calculation information, justification, rationale
 - i.e. Behavioral health staff will travel to smaller clinic sites to service members
- **Capital Expenditures (May not exceed \$10,000 per SLFRF rules)**
 - Space
 - Equipment
 - Supplies
- **Contractor Costs**
 - EHR upgrades
 - HIE connection
 - Social network referral platforms
- **Indirect Costs**



Contexture Products & Technology to Support Data Sharing

Connecting Providers to Share Data



Access to Contexture/CORHIO means you'll see your patient's entire clinical picture

Our Colorado Participants



Banner Health System



Boulder
Community
Health



Centura
Health®



Children's Hospital Colorado



SCL Health



DENVER
HEALTH™
— est. 1860 —
FOR LIFE'S JOURNEY

uchealth



Our HIE services are provided to all critical access hospitals and rural health clinics for free and will be forever.

Labs & Imaging Centers



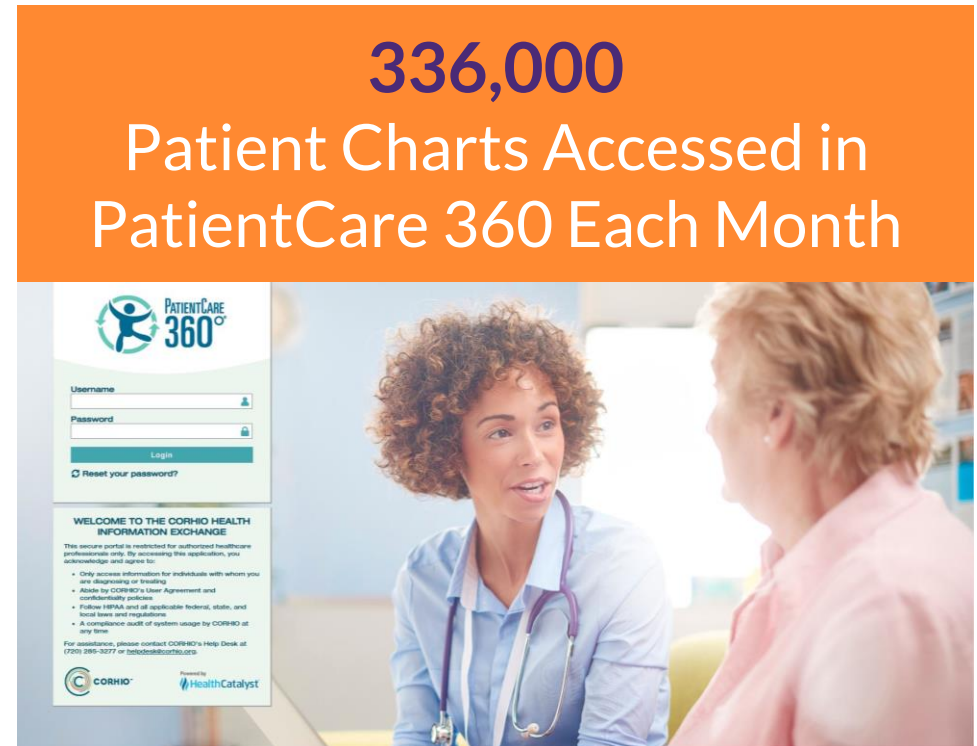
PatientCare 360®

Community providers access data via the PatientCare 360 online portal, along with other health system data, to complete the picture of a patient's health.

What's Available?

- Face Sheets
- Lab/Radiology/Path Reports
- H&Ps
- ED Encounter Reports
- Allergy Info
- OR Reports
- Consult Notes
- Discharge Summaries
- 12-month Summary of Ambulatory Care

336,000
Patient Charts Accessed in
PatientCare 360 Each Month



The image shows a screenshot of the PatientCare 360 login interface overlaid on a photograph of a female doctor with curly hair and a stethoscope around her neck, talking to an elderly female patient. The login screen includes a header with the PatientCare 360 logo, fields for Username and Password, a Login button, and a link to Reset your password. Below the login fields is a 'WELCOME TO THE CORNIO HEALTH INFORMATION EXCHANGE' section with a disclaimer and terms of use. At the bottom of the login screen are the CORNIO and HealthCatalyst logos.

Benefits of Using Patient Care 360



Real Time Access to Patient's Health record

Saves time and resources trying to track down PT Health info

Diagnosis Codes

Quick overview of Patient's Acuity - Stratify treatment needs & ID High Risk

Lab Results such as Toxicity Reports

Helpful for treating SUD

Encounter Reports

Complete picture of hospitalization

Access to Ambulatory CCDs


Fill in care gaps

Account Review and Training Opportunities

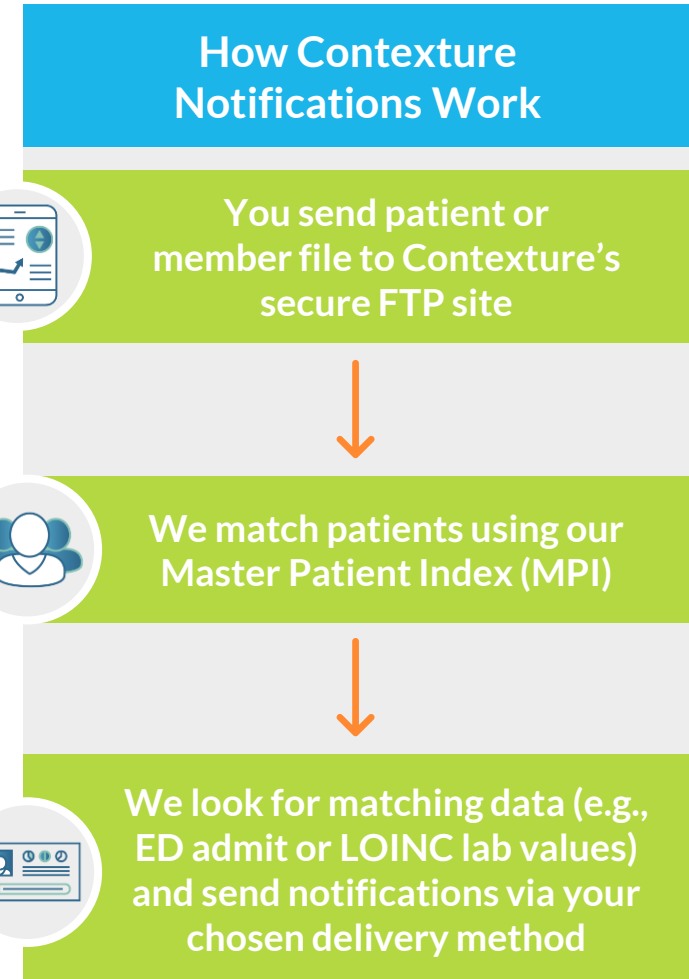
- Many of today's guest are currently subscribing to PatientCare 360
- Did you know that you can schedule an Account Review or Training?
- Benefits of Account Review and Training:
 - List of Current Users
 - Login History
 - Learn new tips/tricks for accessing health information
 - Develop new workflows to increase efficiency
 - Bring new staff up to speed on the portal, provides a refresher for current staff
- [Schedule an Account Review](#)
- [Schedule PatientCare 360 Training](#)

Real-Time Alerts With Notifications

Through an electronic report or interface, Contexture notifies your practice when your patients are hospitalized, visit an emergency department (ED) or receives specific lab results.



11 Million
Notifications Sent
Every Month



Alerts & Notifications

Includes information available from the ADT messages Contexture receives from participating hospitals, such as patient demographics, admission type, sending facility, admission date/time, discharge diagnosis, payer information, provider information and allergies.

Last Name	First Name	DOB	Street Address	City	State	Zip	Phone	Gender	Sending Hospital	Admit DateTime	Discharge DateTime	Pcp LastName	Pcp FirstName	MsgEvent	Dual Eligibility	Admit Type	Reason For Visit
SMITH	JOHN	1/1/1900	123 STREET ROAD	WINTER PARK	CO	80000	(719)555-8550	F	UCH	3/7/2016 10:04	3/7/2016 13:50	Pepi	Khrystvl	Discharge	Y	E	FEEDING TUBE PROBLEMS
JONES	SAM	1/1/1900	321 STREET ROAD	COLORADO SPRINGS	CO	80000	(562)555-0723	M	Penrose Hospital	3/6/2016 19:19	3/6/2016 22:26	Pcp	NONE	Discharge	N	E	GU
BROWN	ONE	1/1/1900	123 ROAD STREET	COLORADO SPRINGS	CO	80000	(413)555-6764	M	Centura Facility	3/6/2016 23:10	3/7/2016 1:23	Pcp	NONE	Discharge	N	E	PAIN IN THROAT/ BODY
JAMES	BEN	1/1/1900	321 ROAD STREET	COLORADO SPRINGS	CO	80000	(719)555-8969	M	BCH	3/7/2016 8:18	3/7/2016 11:25	Rahaman	Darvi	Discharge	N	U	COUGH/ DIFFICULTY BREATHING



Benefits of ADT Alerts

- This is a solution for the fact that behavioral health providers are last to know
- Aids in identifying high utilizers
- Able to monitor high risk patients
- Mobilize care - can round on patients at time of need
- Close the loop - you've activated your emergency plan, and this will help you determine if the patient was seen at the ED
- Schedule timely follow up appointments
- Begin care planning prior to discharge



Exciting News!

Launching Behavioral Health Data Integration Program

What does this mean?

- Several Community Mental Health Centers were interviewed by a private consulting group-The overall findings indicated there is a willingness and readiness to share behavioral health data (including Part 2) with appropriate consent and provider access rules in place for the purpose of **Whole Person Care**
- Identifying Early Adopters (CMHCs) to participate in a program to begin sharing Behavioral Health Data, including Part 2
- Currently live providing Part 2 data via General Designation Consent in AZ. Leveraging their success and replicating the program in Colorado.
- Data will be available in PatientCare 360.
- More information to come as this program develops over the next 6-18 months.

If you would like more info or a quote...

- To schedule a demo of PatientCare 360 please use this link
[Schedule an HIE Overview and Demo with Kirstin](#)
- For a personalized quote for the grant application, please email Kirstin at Kirstin.Smith@contexture.org
- I will need the following information:
 - Products you would like to subscribe to (PatientCare 360 and/or Notifications)
 - Number of Providers in your organization
 - Patient panel size (can be an estimate)

We Can Help Your Organization

- Contexture's Quality Improvement team provides practice facilitation and would love to be the practice transformation organization you select to support your practice on this grant
- We can provide no cost application support
- Help practices better understand eligibility requirements
- Improve practice access to more complete patient data through the HIE
- Improve patient outcomes through our Quality Improvement Services



Next Steps – Contact Us

- For application support and grant questions:
 - QI@Contexture.org or
 - Contact your QI Advisor



contexture.org

Creating connections. Improving lives.