Colorado Department of Human Services

Office of Behavioral Health and Housing

Division of Behavioral Health

November 12, 2008

VISION

We are a national leader in behavioral health prevention,
early intervention, and treatment.

MISSION

We are dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, intervention, and treatment.

VALUES AND GUIDING PRINCIPLES

Statewide leadership in behavioral health

Proactive leadership in a dynamic environment

Promotion of workplace satisfaction and staff development

Policy-level participation of consumers, families and communities

Collaboration and partnership building with providers and other stakeholders

Establishing and maintaining high standards for service delivery

Resiliency and recovery focused

Consumer-centered and family-focused

Culturally responsive, inclusive, and welcoming of diversity

Continuous quality improvement

Dedication to evidence-based and promising practices

Comprehensive and integrated continuum of care

High standards for ethical and professional conduct

Exemplary customer service and satisfaction

Strengths-based and solution-focused philosophy

Innovation and creativity

Research, analysis, and information-driven decision making

Cost-effective and fiscally responsible

Accountability for and maximization of public funding

GOALS AND OBJECTIVES

GOAL 1:	**To continually improve the quality of prevention, intervention, and treatment services.**

Target Timeline: 0-12 months

1.1.1 To develop and implement a performance management system that rewards contractors' performance and service outcomes by

- Identifying key performance standards and quality of care measures for DBH contractors and engaging stakeholders in that process - 2009
- Developing a tool to measure performance standards and quality of care for DBH contractors - 2009
- Establishing a monetary incentive/reward system for differing levels of contractor performance - 2009
- Merging performance management standards, monitoring tools, and incentive/reward system into DBH contracts - 2009

1.1.2 To ensure DBH staff are knowledgeable about evidence based and promising practices in behavioral health care by

- Compiling a list of evidence based and promising practices in behavioral health prevention, intervention and treatment - 2009
- Developing fact sheets and presentations on each evidence based and promising practice and posting on the share drive/web-site - 2009
- Conducting periodic in-service trainings on evidence based and promising practices - 2010

Target Timeline: 1-2 years

1.2.1 To develop a state behavioral health care evidence base and promising practices (EBP/PP) plan by

- Establishing a DBH workgroup with stakeholder participation to develop a statewide EBP/PP plan - 2009
- Surveying community providers to identify current practice, and areas of training needs - 2009
- Adopting and drafting EBP/PP fidelity definitions and measures - 2009

1.2.2 To educate consumers and families about evidence based and promising practices in behavioral health care by

- Posting a tool on the DBH website to help consumers and families make choices in selecting providers and identifying EBP/PP services – 2009

Target Timeline: 3-5 years

1.3.1 To develop a web-based scorecard report for providers and agencies with stakeholder input to compare their performance against similar agencies by

- Developing a case-mix method to classify agencies into similar groups - 2009
- Developing a formula to classify client severity into similar risk groups - 2009
- Developing a methodology to rate performances - 2010
- Assigning classifications and rates into database - 2010
- Creating and publishing agency-specific scorecard reports - 2011

1.3.2 To draft a comprehensive EBP/PP plan detailing definitions, contract expectations, training criteria, and technical assistance - 2012

GOAL 2: To advance collaboration with internal and external stakeholders.

Target Timeline: 0-12 months

2.1.1 To work with Health Care Policy and Financing (HCPF) in developing a comprehensive plan to treat the indigent population by

- Collaborating with HCPF to identify standard definitions for the “indigent” behavioral health populations - 2009
- Collaborating with HCPF regarding the Children’s Health Plus (CHP+) benefit and the impact of parity law changes - 2009
- Working with HCPF to obtain a full substance abuse benefit funded through Medicaid and to expand the Medicaid mental health benefit to include prevention and early intervention services - 2009

2.1.2 To encourage participation of CDHS Divisions of Child Welfare and Youth Corrections in the Prevention Leadership Council (PLC) by

- Requesting the PLC to add representatives from the Divisions of Child Welfare and Youth Corrections - 2008
- Educating the Divisions of Child Welfare and Youth Corrections about the role and purpose of PLC - 2008

- Inviting the Divisions Child Welfare and Youth Corrections to join the PLC - 2009

Target Timeline: 1-2 years

2.2.1 To work with Health Care Policy and Financing (HCPF) in developing a comprehensive plan to treat the indigent population by

- Evaluating, in collaboration with HCPF, data for indigent behavioral health consumers served in both DBH and HCPF systems - 2010

2.2.2 To increase implementation of evidence based and promising practices in behavioral health prevention, intervention and treatment by

- Updating and standardizing the rules and policies to ensure alignment with and support of the DBH strategic plan - 2010

2.2.3 To provide web-based judicial referrals to our treatment providers for all of their DUI/DWAI clients by

- Developing a web system to have all DUI/DWAI court evaluations entered into TMS - 2008
- Developing a web-based program that would allow DUI providers to access and use authorized evaluations as referrals into admittance - 2009
- Developing a web-based program that would allow evaluations to be used to create DRS admissions - 2009
- Developing a web-based program that would synchronize existing admissions back to the evaluations - 2009
- Developing a web-based program that would allow evaluations to be used to create DACODS admissions - 2010

2.2.4 To coordinate with other CDHS programs by

- Identifying CDHS programs that share missions and goals, and provide behavioral health services to overlapping populations - 2009
- Establishing intra-agency/program liaisons - 2009
- Developing regular intra-agency/program meetings and educational seminars/trainings - 2010
- Developing collaborative interagency/program plans (e.g. decision items) - 2010
- Pursuing legislative flexibility that maximizes utilization of funds across CDHS agencies/programs - 2010

Target Timeline: 3-5 years

2.3.1 To work with Health Care Policy and Financing (HCPF) in developing a comprehensive plan to treat the indigent population by

- Examining, in collaboration with HCPF, the possibility of developing a joint RFP for providing public behavioral health services - 2013

2.3.2 To enhance strategic planning and collaboration with the Mental Health Planning and Advisory Council, regional intermediaries, community providers, and other stakeholders by

- Promoting interagency, consumer/client-focused strategic planning regarding integrated behavioral health service delivery models - 2011
- Assisting other state agencies to collaborate with stakeholders and endorse common behavioral health initiatives - 2012

GOAL 3:	**To enhance knowledge, understanding, and awareness of behavioral health disorders.**

Target Timeline: 0-12 months

3.1.1 To enhance the DBH website to effectively educate and inform the public by

- Creating a common DBH website - 2009
- Expanding the prevention section to improve access to national and state resources - 2009
- Creating a co-occurring section - 2010
- Designing a service delivery section that contains demographic and service outcome reports - 2010
- Designing a consumer section to match consumers to community resources - 2010
- Designing a new section that advertises DBH events and activities - 2010

3.1.2 To enhance the knowledge, understanding and awareness of mental health and substance use disorders by

- Creating opportunities for DBH staff to participate in and provide in-service trainings - 2009
- Setting benchmarks concerning EBP/PP competencies in staff annual performance objectives - 2010

Target Timeline: 1-2 years

3.2.1 To enhance knowledge and awareness of behavioral health disorders among primary health providers, the child welfare system, the criminal justice system and divisions within the Office of Behavioral Health and Housing, e.g., Mental Health Institutes, Supported Housing and Homeless Programs, Domestic Violence Programs by

- Identifying behavioral health training needs - 2009
- Developing targeted training plans with each stakeholder group – 2010

3.2.2 To engage external technical assistance agencies, e.g., Regional Prevention System, Western Interstate Commission on Higher Education (WICHE), and Addiction Technology Transfer Center (ATTC), to assist with identifying training needs, developing training curricula, and delivering training to stakeholders - 2010

3.2.3 To develop a sustainability plan for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process as well as the Strategic Prevention Framework - 2010

Target Timeline: 3-5 years

3.3.1 To promote mental health prevention, training, and anti-stigma education efforts, e.g., Mental Health First Aid program, across the state by

- Establishing a statewide Mental Health First Aid workgroup - 2009
- Examining the feasibility of introducing Mental Health First Aid in Colorado, e.g., funding, policy or legislative impact, evaluation methodology and fidelity measures, and practice guidelines, and protocols - 2010
- Developing an implementation strategy to roll out the Mental Health First Aid curriculum to primary responders across the state - 2011

3.3.2 To secure funding for statewide implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) as well as funding for the Strategic Prevention Framework to replicate community coalitions to address underage drinking - 2011

GOAL 4: To secure, preserve, and maximize resources.

Target Timeline: 0-12 months

4.1.1 To expand efforts to streamline DBH contracts with community service providers by

- Reviewing, updating, and standardizing major service contracts - 2009
- Creating a matrix for each contract type that identifies executables (reports, data submissions, etc.), due dates by executable, formats, recipient and referenced in DBH contracts - 2009

4.1.2 To develop a comprehensive web-based DBH directory by

- Developing a DBH directory search page that is customized for our customers needs and expertise - 2009
- Creating new directory databases in TMS - 2009
- Installing a web-based mapping component - 2009
- Creating a database extract from TMS to populate website - 2009
- Creating a provider Licensing Report - 2009
- Modifying the web-based TMS program used for collecting directory data - 2009

4.1.3 To increase funding to serve the uninsured and under-insured populations by

- Making annual requests to increase state general funding for uninsured and under-insured populations – 2009
- Pursuing federal, state, and foundation grant funding for behavioral health initiatives which align with DBH's mission and goals - 2009

Target Timeline: 1-2 years

4.2.1 To develop a DBH Grants Manager position by

- Developing a DBH Grants Manager PDQ - 2009
- Identifying and securing funding to support the position - 2010
- Recruiting and hiring the position - 2010

4.2.2 To establish standardized cost reporting for behavioral health by

- Working in collaboration with HCPF and a third party contractor (supported by the BHOs) to provide leadership in establishing a new unit cost methodology for public mental health services - 2009
- Working with the BHOs and MSOs to evaluate unit cost for substance use treatment services provided in community mental health centers - 2010
- Establishing unit cost for substance use treatment services in community mental health centers and integrating into substance use treatment services provided by all funded providers - 2011

Target Timeline: 3-5 years

4.3.1 To enhance the knowledge, understanding, and awareness of Wrap-Around principles and services by

- Providing education and training to all stakeholders within CDHS, across agencies, and externally on wrap-around principles and services - 2011
- Investigating cost sharing services that braid or blend funding - 2011
- Promoting progams to ensure that clients with complex needs (and multiple agency involvement) benefit from a coordinated care planning across community-based agencies and providers - 2013
- Leading the development and implementation of a wrap-around model that is family-centered, community-oriented, strengths-based, and individualized to meet complex behavioral health needs - 2013

GOAL 5: To strengthen the system infrastructure and workforce.

Target Timeline: 0-12 months

5.1.1 To budget for staff development and training by

- Analyzing fiscal data to determine prior years investment in staff development and training and potential for future investment - 2009
- Surveying staff to determine gaps in training needs, wants, and availability - 2009
- Determining a protocol for accessing available funds and prioritizing funds for staff training - 2009

5.1.2 To provide regular workforce development meetings with prevention providers by

- Implementing workforce development meeting - 2009
- Budgeting and planning for workforce development - 2009
- Engaging prevention providers and other stakeholders in the planning process for workforce development - 2009

Target Timeline: 1-2 years

5.2.1 To develop competencies for co-occurring treatment providers by

- Utilizing co-occurring technical assistance from SAMHSA - 2010
- Developing a plan for the implementation of Co-occurring Competencies identified by SAMHSA including consideration of CDHS rules regulating programs, training and quality improvement processes for clinical professionals and providers treating behavioral health populations - 2010

5.2.2 To establish a DBH position succession plan by

- Establishing a comprehensive list of positions and responsibilities - 2009
- Developing a matrix of potential retirements for existing positions - 2009
- Developing a cross position, system training initiative for DBH - 2010

5.2.3 To increase the use of technological advances to expand services, reduce fragmentation, and better utilize the current and future workforce - 2010

Target Timeline: 3-5 years

5.3.1 To increase prevention efforts early in a client's experience to decrease long-term cost by

- Developing a sustainability plan for the Screening and Brief Intervention and Treatment (SBIRT) process - 2010
- Securing funding for statewide implementation of SBIRT - 2011

5.3.2 To give consumers and families more choice of service providers by

- Expanding by five each year the DBH network of providers offering funded services - 2011

GOAL 6: To design, develop, and maintain a comprehensive evaluation and reporting system.

Target Timeline: 0-12 months

6.1.1 To make behavioral health data more accessible to the general population through web-sites, reports, conferences, etc by

- Creating a new DBH directory - 2009
- Creating a new DBH website - 2009
- Publishing demographic and outcome reports to the general public - 2009

6.1.2 To publish provider reports on-line with ratings included for each provider by

- Producing quarterly Contract Status Monitoring Reports - 2008
- Producing quarterly Managed Service Organization Performance Reports - 2008
- Creating an agency level Length of Stay Report for outpatient clinics to measure the number of clients retained over 90 days against the state average - 2009
- Creating an agency level Reason for Discharge Report for treatment agencies to measure the percentage of walk away clients against the state average - 2009

Target Timeline: 1-2 years

6.2.1 To develop legislative-friendly reports by

- Evaluating current reports that are submitted to the legislature and update/improve the format and content to maximize impact to readers - 2009
- Reviewing all legislative requests from the two previous years - 2010
- Producing a summary DBH document to be distributed to all legislators and CDHS legislative staff, prior to the start of the legislative session - 2010

6.2.2 To develop a web-based, ad-hoc reporting program for providers to customize their own reports by

- Developing an ad-hoc Demographic DRS generator, Outcomes DRS generator, and Demographic ADDSCODS report generator - 2009
- Developing an ad-hoc Demographic DACODS report generator, Outcomes DACODS report generator, Demographic CCAR report generator, Demographic Encounters report generator, and Outcomes CCAR report generator - 2010

6.2.3 To provide standard reports to our providers by

- Developing a Contract Status Monitoring Report - 2008
- Developing an Clients Requiring Update Report, CCAR Waiting Termination Report, and CCAR Unmatched Records Report - 2009
- Developing a TMS NOMMS Report - 2010

Target Timeline: 3-5 years

6.3.1 To integrate all DBH databases into one data warehouse and automate all routine reporting at the federal, state, and local levels by

- Integrating the ADDSCODS and DRS databases - 2009
- Integrating the ADDSCODS and DACODS databases, and integrating the CCAR and Encounter databases - 2010
- Integrating the IC and DACODS databases - 2011
- Integrating the DACODS and CCAR/Encounter databases - 2012

6.3.2 To incorporate all DBH data systems into an expanded TMS web system by

- Developing a common ad-hoc report generator - 2009
- Modifying the web-based TMS program used for collecting DBH directory data - 2009
- Finishing the POMM Project by converting DACODS to a .net web-based system - 2010
- Converting the Encounter system to a web-based combined system with CCAR - 2010
- Converting the Methadone Registry system to a web-based combined system with DACODS - 2010
- Converting the Involuntary Commitment system to a web-based combined system with DACODS - 2011
- Integrating the DACODS and CCAR/Encounter systems within TMS - 2013