

# Behavioral Health Legislative Task Force

August 17, 2021



Wellstone Collaborative Strategies

# Introduction Questions

1. Who you are and who you represent?
2. What specific area of behavioral health are you interested in?
3. 2 sentences as to why it is important for you to be on the Task Force?

# Agenda Review

1. **Meeting Purpose:** To ensure the subpanels have a clear charge from the Task Force to transform the behavioral health system.
2. By the end of this meeting, we will have
  1. Set meeting expectations
  2. Agreed to ground rules
  3. A better understanding of the behavioral health landscape,
  4. Defined transformational change
  5. Provided guiding principles to the Subpanel

# Behavioral Health Legislative Task Force

## Draft Meeting Plan

Task Force

### Meeting 1. Kickoff and Needs

- Define outcomes and subpanel charge

### Meeting 2. Learning Session

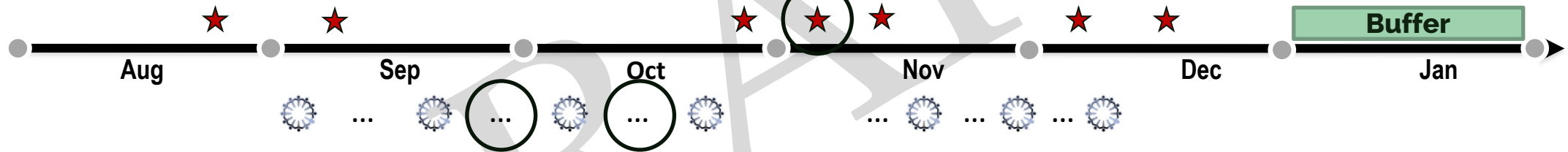
- Work with experts from the subpanel and agency staff to dive deep into the issues

### Meetings 3-5. Review subpanel recommendations

- Provide feedback on draft recommendations
- Identify any additional areas of recommendations needed.

### Meetings 6-7. Finalize Recommendations

- Prioritize and finalize recommendation set to send to the General Assembly and Governor.



Subpanels

### Meeting 1. Structure for Success

- Sub Panels meet to review outcomes and charge
- Identify working groups in order to generate recommendations
- Review of existing reports

### Meetings 2-3. Outreach & Recommendation Building

- Review initial work
- Identify approach to reach out to additional stakeholders
- Ensure greatest needs and gaps are being met

### Meeting. 4. Draft Recommendations

- Review recommendations of working groups
- Review stakeholder feedback
- Modify, combine, and agree on set to send to Task Force

### Meetings 5-7. Recommendation Revisions

- Respond to and revise recommendations based on Task Force Feedback
- Prioritize recommendations based on developed criteria



Signifies joint AH and BH work



Task Force Meetings



Subpanel Meetings

... Working Groups

**Note:** The Task force may meet up to 10 times and the Subpanels up to 12

# Ground Rules

1. Be here now:
  - a. Be fully present
  - b. Employ active listening, and listen to learn
  - c. Recognize that not speaking up may be interpreted as agreement
2. Notice power dynamics:
  - a. Be aware of your privilege
  - b. Share the room by stepping up and stepping back
  - c. Be open to the truths of others
3. Put relationships first:
  - a. Assume best intentions but acknowledge impact
  - b. Be hard on ideas, but soft on people
  - c. Be brave, acknowledge harm, and be an upstander
4. Participate in Good Faith:
  - a. Contribute constructively
  - b. Don't pre-determine the outcomes
  - c. Work within and through the Task Force and Subpanel structure and bring outside conversations into the conversation with transparency.
5. Use Person-First Language
6. Conversation Process:
  - a. Respect the facilitator's process to stand name tents on end to get into the cue
  - b. Facilitators may choose to complete a conversation before moving onto another topic

# Defining Transformation

What does transformational change mean to you?

1. Think about a person who is deeply in need of behavioral health support. Think about what transformational change would look like for them. You may also think about where the behavioral health system is most in need.
2. Use one sticky note for each idea and write what transformational change means to on a sticky note.
3. Put your sticky note(s) on the wall.

# Potential BH Strategic Pillars

## 1. Health Promotion and Recovery

*Examples: Prevention, community supports, whole-person care, education system*

## 2. Entry and Access System Across the Continuum

*Examples: Care coordination, early intervention, resource navigation, payer, data sharing, and care integration across systems and providers, quality care, infrastructure including beds and facilities - even in rural CO, transitions, criminal justice system, incorporation of rural CO, making the system work for providers*

## 3. Accountability and Transparency

*Examples: Agreed to measures, complaint system, data, outcome-based evaluation, review system, quality and equity, savings locally and statewide through whole person care*

## 4. Workforce

*Examples: Development / pipeline, training (what benefits exist, how to utilize it, person-based recommendations, ACM insurance criteria), standards, recruitment, satisfaction, peer and diverse WF, value-based payments*

## 5. Affordability

*Examples: Identify cost savings, value-based payments, easier for providers to qualify for care, parity between insurers*

# Potential Behavioral Health Principles for Success

1. Address populations in need, especially those experiencing disparities  
*Examples: Black, Indigenous, Latino/a, other people of color; people with intellectual and developmental disabilities, veterans, co-occurring disabilities, LGBTQ+; rural, those with substance use disorder, criminal and juvenile justice involved population, serious mental illness; mono-lingual non-English speakers; children, youth and families, unhoused, etc.*
2. Evidence-based / works in other states
3. Whole person care
4. Consider full array of services from prevention to high intensity
5. Community-based
6. Culturally and linguistically competent
7. Consumer-Driven, with a strong voice from those most impacted and involved in the behavioral health system
8. Trauma informed
9. Grounded in peer support



# Task Force Guidance to the Subpanel

1. One-time funds that can't require long-term funding
2. Leverage local, federal, and private
3. Must be transformative for the long-run
4. Innovative
5. Fund the gaps in the system that help overcome the disparities
6. Prioritized funding
7. Transformational policies if needed
8. A few big solutions rather than many small solutions