# Are We Ready? Assessing Stakeholder Readiness to Sustain and Advance Behavioral Health Integration

- Emma Gilchrist, MPH, Deputy Director, Farley Health Policy Center
- Stephanie Kirchner, MSPH, RD, Community and Practice Transformation Program Manager, Farley Health Policy Center
- Shale Wong, MD, MSPH, Director, Farley Health Policy Center



CFHA Annual Conference October 17-19, 2019 • Denver, Colorado



# Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.



### Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at <a href="https://www.cfha.net/page/Resources">https://www.cfha.net/page/Resources</a> 2019 and on the conference mobile app.





# Learning Objectives

#### At the conclusion of this session, the participant will be able to:

- Describe an evidence-based framework for assessing readiness for cross-sector partnerships.
- Identify systems change and policy recommendations to support multi- sector partnerships to sustain and advance behavioral health integration.
- Discuss how partnership effectiveness may be improved by surfacing strengths, challenges, and infrastructure and policy needs.



# Bibliography / Reference

- 1. Scaccia, J.P., Cook, B.S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R.S. (2015). A practical implementation science heuristic for organizational readiness: R=MC2. Journal of Community Psychology, 43(4), 484-501.
- 2. Scott, V.C., Kenworthy, T., Godly-Reynolds, E., Bastien, G., Scaccia, J., Gadaire, A., McMickens, C., Sharon, R., Cooper, S., Wrenn, G., & Wandersman, A. (2017). The Readiness for Integrated Care Questionnaire (RIC-Q): A new tool to assess readiness to integrate behavioral health and primary care. American Journal of Orthopsychiatry. Advance online publication. http://dx.doi.org/10.1037/ort0000270
- 3. Miller, B.F., Gilchrist, E.C., Ross, K.M., Wong, S.L., Green, L.A. (2016). Creating a Culture of Whole Health: Recommendations for Integrating Behavioral Health and Primary Care. Available at: http://farleyhealthpolicycenter.org/wp-content/uploads/2016/02/Culture- of-Whole-Health-Full-report.pdf
- 4. Miller, B.F. (2016). Creating a Culture of Whole Health: A Realistic Framework for Advancing Behavioral Health and Primary Care Together. Health Affairs Blog. Available at: https://www.healthaffairs.org/do/10.1377/hblog20160414.054480/full/
- 5. Colorado State Innovation Model. (2014). Application for Funding for Test Assistance. Available at: https://drive.google.com/file/d/0BxUiTIOwSbPUSG1pVWJlaGgydjA/view



# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



# Are We Ready?

Assessing Stakeholder Readiness to Sustain and Advance Behavioral Health Integration







# Acknowledgements

Colorado stakeholders for their commitment to integrate behavioral and physical health care and for their time to participate in the readiness assessment.

Our coauthors, Victoria Scott, Leslie Snapper, and Tara Kenworthy, Carolina Readiness team in affiliation with the Wanderman Center, and Stephanie Gold, Farley Health Policy Center, and project partners, Vermilion.

#### Funding:

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and the Robert Wood Johnson Foundation. The Colorado State Innovation Model (SIM), a four-year initiative, is funded by up to \$65 million from CMS. The content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS, any of its agencies or the Robert Wood Johnson Foundation.







### WHAT IS SIM?



- The Colorado State Innovation Model (SIM) was a Governor's office initiative aimed at helping health care providers integrate behavioral and physical health in primary care settings and learn how to succeed with alternative payment models.
- Funded by the Centers for Medicare & Medicaid Services with up to \$65 million to implement and test its health care reform proposal.
- SIM worked with approximately 25% of the state's primary care practice sites and four community mental health centers during its four-year time frame, which ended in July 2019. Interactive map:

www.co.gov/healthinnovation/sim-data-hub.



### APPROACH



# 80% of Coloradans have increased access to integrated care

#### Payment Reform

Development and implementation of value-based payment models that incentive integration and improve quality of care.

# Practice Transformation

Support for practices as they accept new payment models and integrate behavioral and physical healthcare.

# Population Health

Engaging communities in prevention, education, and improving access to integrated care.

#### HIT

Secure and efficient use of technology across health and nonhealth sectors in order to advance integration and improving health.

**Consumer Engagement** 

**Policy** 

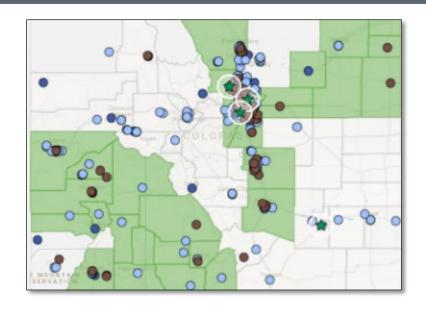
Workforce

**Evaluation** 

### SCOPE AND REACH



- Primary care practice sites
  - 4 Community mental health centers
  - Local public healthagencies that touch31 counties
  - 6 Health plans
- Regional health connectors a new workforce to help expand patient access to care, tap community resources



Providers recognize that integrated care is a lynchpin to improving care:

"We think it's the best way to deliver good care."

-Brian Gablehouse, MD, Peak Pediatrics, SIM cohort-1 practice

- Practice Transformation Organizations
- 69 Practice Facilitators
  - Clinical HIT Advisors a new workforce to increase practice support directly related to health information and data

# Cross-sector partnerships matter.

- Behavioral health integration is a complex social endeavor that requires multi-sectoral engagement and investment.
- Understanding readiness of stakeholders to lead, sustain and advance efforts inform next steps toward system change and policy development to continue progress.

















# Readiness assessment objectives

- 1. Assess the readiness of stakeholders to develop and participate in multi-sector partnerships to sustain and advance primary care and behavioral health integration across the state.
- 2. Disseminate findings and recommendations to support policy change and system-level infrastructure aligned with the motivation and capacity of stakeholders to sustain and advance behavioral health integration.







### Readiness to Partner

#### Readiness is...

The extent to which a person, organization, community, or state is **willing** (motivation) and **able** (capacity) to implement an innovation.

### Why Readiness?

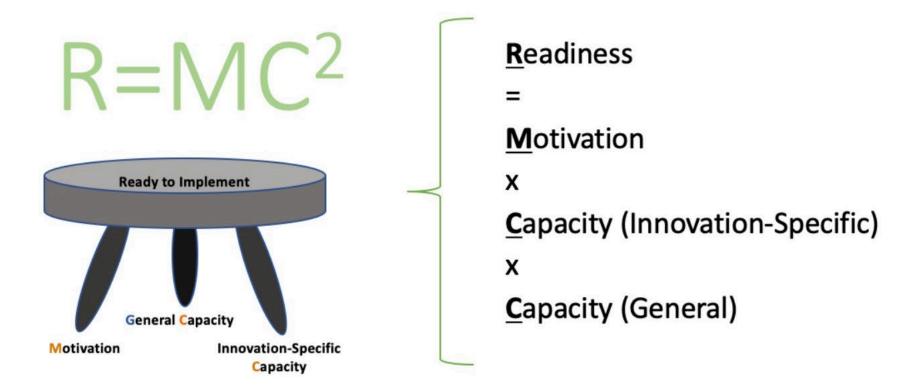
Understanding readiness of stakeholders to lead, sustain, and advance efforts inform next steps toward system change and policy development to continue progress







### Readiness Framework



Developed by: Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A practical implementation science heuristic for organizational readiness: R= MC2. Journal of Community Psychology, 43(4), 484-501.







### Readiness components

#### Motivation

- Relative Advantage
- Compatibility
- Simplicity
- Observability
- Priority
- Partnership Value\*
- Commitment & Sense of Ownership\*

# Innovation-Specific Capacity

- Innovation Specific Knowledge, Skills
   & Supports
- Supportive Climate
- Cohesion and Sense of Community
- Communication\*
- Conflict Management\*
- Decision Making/Participant Input\*
- Roles & Responsibilities\*
- Leaders of the Partnership\*

#### **General Capacity**

- Culture
- Climate
- Innovativeness
- Resource Utilization
- Leadership
- Internal Operations
- Staff Capacity

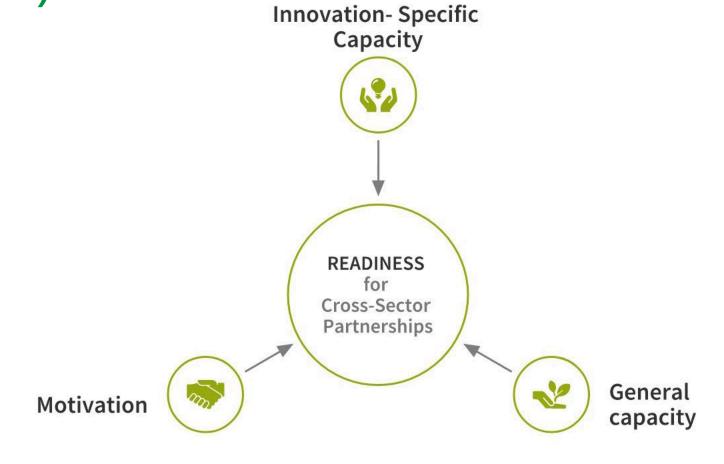
\*Subcomponents added specifically for cross-sector partnerships







Readiness for Cross-Sector Partnerships (RCP)



Motivation: Degree to which we want the innovation to happen.

Innovation-Specfic
Capacity: What is
needed to make this
particular innovation
happen.

General Capacity:
Our overall
functioning.

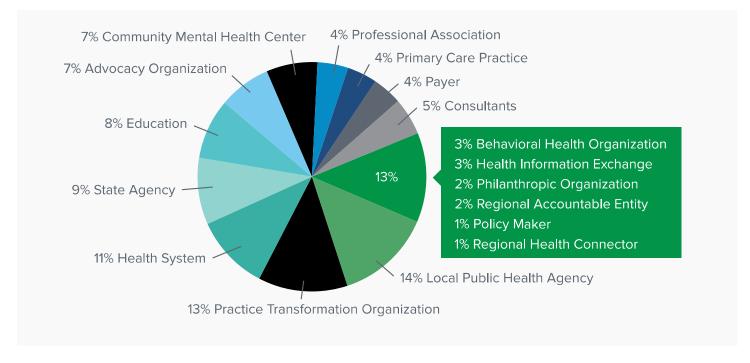






### Readiness assessment

95 respondents from67 organizations inColorado

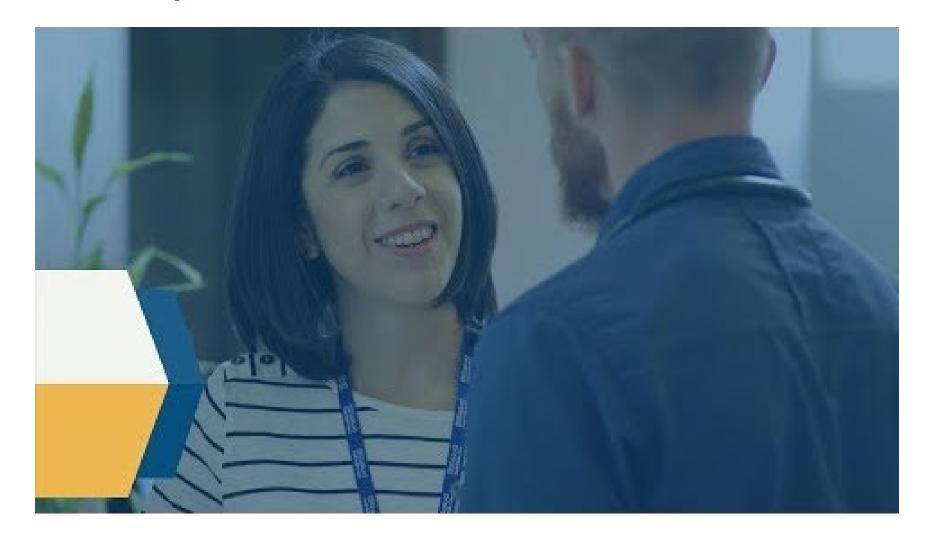








# Colorado is poised to continue the work.









# Readiness by the numbers

Scale: 1 (not ready) to 7 (very ready)



Overall, these results indicate that stakeholders in Colorado are moderately ready to participate in cross-sector partnerships to continue the work of behavioral health integration started by SIM.







### Subcomponents Highest in Readiness

Subcomponent	Average score
Culture	
Our organization's vision and mission statement are clear to members of the organization.	6.13
There is a strong sense of belonging and identification within our organization.	6.04
We have good working relationships within our organization.	6.25
SUBCOMPONENT AVERAGE – CULTURE	6.14
Compatibility	
Cross-sector partnerships are timely given the current needs for advancing and sustaining integrated behavioral health.	6.21
The mission and goals of the partnership align with the goals of our organization.	5.92
Engaging in cross-sector partnerships fits well with the culture and values of our organization.	6.12
Participating in cross-sector partnerships aligns well with other initiatives in our organization.	6.00
SUBCOMPONENT AVERAGE - COMPATIBILITY	6.06
Relative Advantage	
Cross-sector partnerships will help our organization advance and sustain integrated behavioral healthcare.	6.19
The benefits of participating in cross-sector partnerships substantially outweigh the costs.	5.89
SUBCOMPONENT AVERAGE – RELATIVE ADVANTAGE	6.04

#### **Culture** (General Capacity)

Organizations have clear and subjective norms and values.

#### **Compatibility (Motivation)**

Stakeholders agree that their involvement in CSP's to sustain and advance integrated behavioral health fits well with how they already operate.

#### **Relative Advantage (Motivation)**

Stakeholders perceive that CSP's are better than other possible strategies for sustaining and advancing behavioral health integration in Colorado.

### **Subcomponents Lowest in Readiness**

Subcomponent	Average score
Complexity*	
Engaging in cross-sector partnerships to advance and sustain integrated behavioral health is complex and challenging.	1.75
The complexity of developing cross-sector partnerships makes it difficult to advance and sustain integrated behavioral health.	2.84
SUBCOMPONENT AVERAGE – COMPLEXITY	2.29
Supportive Climate	
There is a high level of support for cross-sector partnerships among members of our organization.	5.48
Our organization dedicates ample resources to cross-sector partnerships.	4.87
Our organization has established a process to monitor how well we engage in cross-sector partnerships.	3.97
An influential person within our organization actively promotes cross-sector partnerships.	5.38
SUBCOMPONENT AVERAGE – SUPPORTIVE CLIMATE	4.93
Conflict Management	
There are agreed upon ways to settle most differences that arise between our organization and other cross-sector partners.	4.65
Members of our organization are comfortable addressing conflicts pertaining to cross-sector partnerships.	4.91
Our organization believes that members of cross-sector partnerships are tolerant of differences and disagreements.	4.94
SUBCOMPONENT AVERAGE – CONFLICT MANAGEMENT	4.83

#### **Complexity** (Motivation)

Members of the partnership view the effort to partner across sectors as highly complex and challenging.

# **Supportive Climate** (Innovation-Specific Capacity)

Perceived inadequate supports, processes, and resources to sustain and advance CSP's for integration efforts.

# Conflict Management (Innovation-Specific Capacity)

A need for more effective processes for addressing conflicts and sensitive issues.

# Sector-based analysis

- General capacity is highest and innovation-specific capacity is lowest across all sectors
- Within healthcare
  - Motivation highest for primary care and behavioral health
  - General capacity highest for health systems
- Within government
  - Local public health agencies have significantly higher readiness than state agencies







# Dissemination to keep the momentum



www.ColoradolsReady.org









### Discussion

- Moderate to high levels of motivation and capacity to partner across sectors to integrate behavioral and physical health care indicate readiness to continue working together
- Involvement in cross-sector partnerships fits with how stakeholders operate and is advantageous to other integrated strategies
- Key supports needed to continue cross-sector partnerships:
  - a central convener for partnerships,
  - building on the infrastructure of partnerships by sharing lessons learned
  - setting the course for future collaboration with a clear vision.















# Questions and learning from you

#### www.ColoradolsReady.org

www.FarleyHealthPolicyCenter.org

#### Contact:

Emma.Gilchrist@cuanschutz.edu

Stephanie.Kirchner@cuanschutz.edu

Shale.Wong@cuanschutz.edu







# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





Join us next year in Philadelphia, Pennsylvania! Thank you!