

# BEHAVIORAL HEALTH ENGAGEMENT FOR FOSTER CARE YOUTH

December 14, 2023



## OVERVIEW

The Accountable Care Collaborative (ACC) is focused on improving the health of Health First Colorado (Colorado's Medicaid program) members and reducing the overall costs of service. As part of this effort, the ACC identifies priority populations and creates incentives for driving timely access to appropriate physical and behavioral health care for these individuals, along with incentives for referring to longer term care, when necessary.

One population identified for early and consistent support is children who are involved in the foster care system. Studies and empirical evidence underscore the need for quality behavioral health care for these youth, particularly as they transition into foster care, and the ACC includes an incentive measure to help drive that care. This metric measures the percentage of foster care youth who receive a behavioral health screen or assessment, as measured by submitted claims, within 30 days of their enrollment in the ACC. **Colorado Access (COA) fully supports the intent of this metric and is looking to partner with a behavioral health provider to ensure that both foster and kin care-involved youth are assessed for behavioral health needs within 30 days.**

## CURRENT STATE

- In state fiscal year (SFY) 2021-22 (July 2021-June 2022), 14.88% of foster-involved youth in Regional Accountable Entity (RAE) Region 3 received a behavioral health assessment or screen within 30 days of ACC enrollment.
- Due to low engagement and measuring of this metric, COA's SFY 2022-23 average rate is 9.04%.

## PROGRAM VISION

COA will partner with one behavioral health provider to reach 25% assessment/screen rate for youth entered into custody with the Department of Human Services (DHS) and assigned to Region 3 within 30 days of placement. Region 3 includes Adams, Arapahoe, Douglas and Elbert counties.

One provider will be awarded \$300,000 to administer behavioral health-focused screenings or assessments to children on DHS rosters from July 1, 2024 to June 30, 2025.<sup>1</sup> COA will provide up-to-date DHS custody rosters to the provider.

**Approximate volume, per county**

County	Expected Monthly Volume of Children
Arapahoe	30
Adams	30
Douglas	10
Elbert	5

The provider should expect to conduct outreach to approximately 75 children per month.

## PROGRAM GOALS

- Increase overall number of behavioral health screenings/assessments for youth entering DHS custody.
- Increase Region 3 performance on the ACC metric, which measures behavioral health assessment/screening rates for youth entering the foster care system.
- Increase relative percentage of foster care youth referred to behavioral health services upon receipt and evaluation of behavioral health screen/assessment.

## PROGRAM EXPECTATIONS FOR PROVIDER(S)

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<sup>1</sup> Program dates are subject to change based on funding availability and can be flexible based on the selected provider's current program specifics and hiring availability.

The provider will receive timely and consistently updated rosters of youth entering county custody and the foster care system from Colorado Access. The provider will be expected to:

- Outreach all roster members and/or their foster/kin family to complete a behavioral health assessment by phone, in-person or virtually within 30 days of the member's initial custodial involvement with DHS (within 30 days of roster receipt).
- Conduct an appropriate behavioral health assessment to each successfully outreached/scheduled member that takes into consideration the member's age and impacting social determinants of health (SDoH).
- Complete and document at least three outreach attempts prior to closing a case if the provider cannot make contact with the member or their foster/kin family.
- Submit assessments and required reporting to Colorado Access in a timely manner.

For all successful outreach attempts, the provider will submit a claim to Colorado Access with the appropriate code for the services provided. Codes and specifications will be provided by Colorado Access, as outlined in the specification document.

If a member's screening indicates a need for behavioral or physical health services, the provider will manage all care coordination services to ensure the member's needs are appropriately met. This may include patient intake, referral to the appropriate service provider(s), and/or education on Health First Colorado member benefits.

If a member's screening indicates a behavioral or physical health need outside of the provider's scope of practice or referral network, the provider will submit a referral to the COA Care Management team for care coordination.

If a member's screening does not indicate a behavioral or physical health need, the case may be closed and the provider will inform the member and family on how to access further services as needed.

The provider agrees to accept all referrals from the foster/kin care referral roster. The provider will complete any necessary coordination and referrals when a member declines services or is inappropriate for services at the organization.

## PROGRAM OVERSIGHT

The Colorado Access performance metric workgroup will perform a monthly review of the ACC performance indicator (foster-involved youth assessment/screening within 30 days of ACC enrollment) for increases in metric performance. The provider will be required to submit monthly reporting indicating successful assessments/screenings, referrals for services, unsuccessful outreaches, and upcoming appointments, which will be appraised by COA staff and compared to claims through reviews of granular-level member data. The provider will complete a semi-annual review of claims submissions with COA to evaluate the need for alternative payment for program sustainability.

COA will evaluate the member-level impact of this programming based on the following claims data: emergency department (ED)/inpatient utilization, primary care utilization, and behavioral health services engagement.

The provider will further perform a monthly review with a COA program manager of overall success in assessment/screening rate for all DHS-involved youth, including both foster and kin care-involved youth.

## SCHEDULE

- The program will be conducted from July 1, 2024 to June 30, 2025.<sup>2</sup>
- By the end of SFY 2024-25 (June 30, 2025), the provider is expected to have achieved at least 25% successful completion of initial evaluation/screening within 30 days of DHS custody.

## DELIVERABLES

The provider will provide and/or participate in the following:

- **Monthly Reporting:** The provider will create and actively maintain a monthly reporting template to measure program success. For each patient, the report will include:
  - Medicaid ID

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- Name
- Date of birth
- Date of initial referral
- Date of outreach(es)
- Code(s) billed
- Referral(s) to services
- Follow-up(s)
- **Colorado Access Review:** The provider will be expected to participate in weekly, biweekly and/or monthly meetings with COA staff for the purposes of discussing:
  - Additional supports, as needed
  - Challenges in conducting outreach
  - Challenges in conducting assessments/screenings
  - Workflow, as needed
  - General progress towards programmatic goal

## FUNDING

- The selected provider will receive one installment of \$300,000 to initiate the scope of work.
- The provider will submit claims for all services rendered with contracted fee schedule rates.
- Upon achievement of the goal rate of 25% by the program's end date of June 30, 2025, the program will be reassessed, and a value-based payment model may be implemented in the program's continuation.

## SUBMISSION REQUIREMENTS AND SELECTION CRITERIA

If you are a provider interested in submitting a proposal for this scope of work, you should:

- Be able to demonstrate current utilization of evidence-based assessment tools and treatment appropriate to age and cultural considerations;
- Be willing to serve a population that often experiences trauma, complex family dynamics, placement changes and involvement in multiple state systems;
- Have the capacity to conduct roster outreach and assessment;
- Be willing to conduct outreach, assessment and treatment through a trauma-informed approach;
- Have the capacity to intake assessed members with behavioral health needs into your practice scope of work;
- Have a strong foundation working with populations in Adams, Arapahoe, Douglas and Elbert counties;
- Be credentialed as well as contracted and in good standing with Colorado Access;
- Have the ability to send encrypted health information by email;
- Demonstrate operational effectiveness in billing claims to COA.

Additionally, strong consideration will be given to providers who can demonstrate:

- Good standing with DHS of Adams, Arapahoe, Douglas and Elbert counties;
- Strong background working with foster and kin care-involved youth and families;
- Strong relationships or formal partnerships with referral sources such as primary care providers and/or other behavioral health providers;
- Training in evidence-based practices;
- Limited exclusion criteria for patient intake into services;
- Ability to offer services in languages other than English;
- Ability to provide substance abuse disorder treatment;
- Ability to provide services to youth/families with intellectual developmental disabilities, serious and persistent mental illness and autism;
- Ability to provide multiple levels of care.

If you are interested, please complete and submit an RFP form through this [link](#). Please select **Behavioral Health Engagement for Foster Care Youth** from the

dropdown menu. For questions regarding the application or requirements, please email [clinical@coaccess.com](mailto:clinical@coaccess.com).

**The application will be available until 11:59 PM on January 19, 2024.** A provider will be chosen, and all applicants will be informed of their selection status within four to six weeks of the application's closing.