Readiness of Cross-Sector Partners to Sustain and Advance Integrated Behavioral and Physical Health in Colorado

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About the Authors

The Farley Health Policy Center at the University of Colorado Anschutz Medical Campus strives to advance policy that overcomes fragmented systems and addresses the wholeness of a person – physical, behavioral, and social health in the context of family, community, and the healthcare system. The FHPC works with state agencies and policymakers to understand and inform achievable policy actions to improve the integration of behavioral health across health and healthcare systems.

The Carolina Readiness Team is an affiliate of the Wandersman Center, which aims to improve the health and wellbeing of individuals and their communities by collaborating across sectors to advance the readiness of systems (organizations, communities, coalitions) for service delivery. With a social justice orientation and commitment to health equity, they are an interdisciplinary team of science-practitioners with expertise in community psychology, organizational development, change management, program evaluation, quality improvement, and implementation science.

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Executive Summary

Key Messages

> Cross-sector partnerships are essential to advancing integrated behavioral and physical health in Colorado. The Colorado State Innovation Model (SIM) provided an infrastructure for stakeholders to work together. As SIM concludes, understanding stakeholders' readiness to continue these partnerships and understanding what is needed to support them is important to sustain and further the work of integration.

> Stakeholders report moderate levels of motivation and capacity to partner across sectors to integrate behavioral and physical health care. They are ready to continue working together and largely feel that their involvement in cross-sector partnerships to advance integration fits with how they operate and is advantageous to other integrated strategies.

> Key mechanisms to support continued cross-sector partnerships require identifying a central convener for partnerships, building on the infrastructure of partnerships by sharing lessons learned, and setting the course for future collaboration with a clear vision.

Behavioral health integration is a health system transformation that requires multi-sectoral engagement and investment. Cross-sector stakeholder engagement has been a key strategy in the Colorado State Innovation Model (SIM), a $65-million initiative funded by the Centers for Medicare & Medicaid Services and led by the Colorado Governor's Office to support health care providers in integrating behavioral and physical health care and gaining the skills they need to succeed with alternative payment models.

A variety of stakeholders supported these efforts, including health plans in advancing alternative payment models to support integrated behavioral health; public health agencies in hosting regional health connector programs across the state; health systems in developing redesigned delivery methods; educational institutes in training the workforce; practice transformation organizations, primary care practices, community mental health centers, and provider groups in transforming practice; as well as philanthropy, health information exchanges, state agencies, and others with unique and collaborative roles. SIM provided an infrastructure for these stakeholders to work together to advance integrated behavioral and physical health.

As SIM concludes, cross-sector partnerships among stakeholders across both the delivery and payment systems are vital to sustain ongoing collaboration that supports behavioral health integration throughout the state. Understanding readiness of stakeholders to jointly lead and sustain these efforts illuminates strengths as well as opportunities for focused attention to support ongoing, successful cross-sector partnerships. Applying readiness to the learnings of the SIM evaluation will facilitate and inform next steps for system change and policy development to advance integration and capitalize on the momentum built through SIM.

In this report, *cross-sector partnership* refers to partnerships between multiple stakeholders in Colorado working across sectors to sustain and advance integrated behavioral health, including but not limited to state agencies, health systems, health plans, philanthropic organizations, provider associations, community organizations, and advocacy organizations. These stakeholders include the multi-sector stakeholders involved in SIM as well as others who have been identified as potential future partners.

The Readiness for Cross-Sector Partnerships (RCP) scale was administered to stakeholders in March 2019. The RCP is an adapted evidence-based assessment that measures organizational readiness to engage in meaningful cross-sector partnerships.[1] As a broad measure of the extent to which an organization is *willing* and *able* to participate in partnerships, the RCP is comprised of three components:

- **Motivation:** the extent to which an organization wants to participate in cross-sector partnerships

- **Innovation-specific Capacity:** specific knowledge, skills, abilities, and resources required to sustain and advance cross-sector partnerships for integrated behavioral health

- **General Capacity:** the overall functioning (effectiveness) of an organization

This report presents data from 95 individuals from 67 organizations in Colorado, representing local public health agencies, practice transformation organizations, health systems, professional associations, behavioral health organizations, research consultants, health information exchanges, philanthropic organizations, regional accountable entities, and regional health connectors. Respondents had served in a variety of organizational roles (e.g. executive leadership, management, community liaisons, consultants, university faculty, coordinators). The diverse array of organizations and roles of respondents reflects the broad range of stakeholder participation and investment in SIM.

Findings from the RCP reveal that overall, stakeholders are moderately satisfied with their current cross-sector partnerships and perceive these partnerships to be improving over time.

Stakeholders are ready to participate in cross-sector partnerships that were facilitated by SIM to continue the work of behavioral health integration. Measured on a 7-point Likert scale (1-strongly disagree; 7-strongly agree), stakeholders indicated the highest readiness levels for *General Capacity* (5.77) and just slightly lower for *Innovation-Specific Capacity* (5.24) and *Motivation* (5.21). These findings suggest that focusing on issues pertaining to *Innovation Specific Capacity* and *Motivation* may be especially valuable for strengthening partnerships; however, the average readiness score across all three components are relatively similar.

Each of the three readiness components is comprised of subcomponents (Appendix A). Analyses at the subcomponent level revealed the following three as rated most highly: *Compatibility, Relative Advantage, and Culture*. These results indicate:

1 Stakeholders believe their involvement in cross-sector partnerships to sustain and advance integrated behavioral care fits well with how they already operate (*Compatibility*),

2 As a strategy, cross-sector partnerships are perceived better than other possible strategies for sustaining and advancing behavioral health integration in Colorado (*Relative Advantage*), and

3 Participating organizations are operating with clear and supportive norms and values (*Culture*).

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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.*

The three lowest rated subcomponents were *Complexity*, *Conflict Management*, and *Supportive Climate*. These results indicate:

1. Partnering across sectors is viewed as complex and challenging (*Complexity*),
2. Expectations and processes for navigating conflict, as issues arise, are inadequate (*Conflict Management*), and
3. Additional supports, processes, and resources are needed to support the activities of partnering across sectors (*Supportive Climate*).

Readiness ratings were segmented by organizational type and analyzed for trends. Results indicated minimal variability in readiness scores across organizational types, with all readiness component scores between 4.36-7.00, reflecting that most respondents are reporting moderate to high motivation and capacity for continued partnerships.

The RCP additionally pursued a richer understanding of stakeholders' perceptions and experiences participating in cross-sector partnerships. Participant responses reflected four areas important to past and future partnering efforts:

1. **Collaboration and relationships:** Stakeholders reported that development of strong relationships was deeply meaningful to participating in SIM and voiced concerns regarding how these would be sustained in the future. Collaborative characteristics noted to be particularly important were: promoting inclusivity and diversity of representation across organization types; fostering trust; aligning work and sharing resources to avoid inefficiencies; and understanding the value of partnerships to successful work.
2. **Capacity:** Stakeholders indicated a need to address workforce capacity and clear leadership to support on-going partnerships and integration efforts.
3. **Measuring outcomes:** Stakeholders suggested a continued focus on generating solutions for data sharing across partnering organizations.
4. **Funding and sustainability:** Stakeholders described the need for continued collaboration with payers, ongoing funding to support cross-sector partnerships, building on successes of SIM, and sustainability planning as some of the most important supports in continuing cross-sector partnerships to advance integration efforts.

The RCP points to specific recommendations that will help guide next steps for advancing integrated care, supporting continued efforts for cross-sector partnerships to sustain momentum and build on the platform of integrated behavioral and physical health in Colorado:

> ❯ Convene stakeholders to review and discuss the results of their readiness assessment. Use a convening to activate cross-sector partnerships for implementing next steps toward integrating behavioral health in Colorado
>
> ❯ Identify and support a central convener to help build leadership and capacity for sustaining cross-sector partnerships
>
> ❯ Enhance infrastructure for cross-sector partnerships, highlighting the role of payers to develop alternative payment models; increasing information exchange; and improving organizational participation and engagement
>
> ❯ Set a course for future work with an agreed upon, unified vision for state-wide cross-sector partnerships for integrated care. Consider ways to apply the collaboration enabled by cross-sector partnerships to other future state-level work related to behavioral health and integration across sectors

Cross-sector partnerships to integrate behavioral and physical health are key to both the process and outcomes of SIM. There is still much to learn about the significant gains in integrated care that were made over the last four years, yet we know that the work is not done. Cross-sector partners are ready to tackle the remaining challenges of integrating care, leveraging the strengths and expertise of one another. It would be a waste to let the advances made dissipate when the SIM funding ends; carrying the momentum forward is dependent on each stakeholder. Colorado is ready to continue leading integrated care innovations.

Introduction

The Colorado State Innovation Model (SIM) is a governor's office initiative that is helping practice sites integrate behavioral and physical health and learn how to succeed with alternative payment models. SIM was funded by the Centers for Medicare & Medicaid Services in December 2014 with up to $65 million to implement and test its health care reform proposal.

The goal was to improve the health of Coloradans by increasing access to integrated physical and behavioral healthcare services in coordinated community systems with value-based payment structures for 80% of state residents by 2019. SIM worked with 328 of the state's primary care practice sites and four community mental health centers during its four-year time frame, which ends in July 2019.

Cross-sector stakeholder engagement has been a key strategy to support progress in Colorado SIM. Workgroups representing the key pillars of SIM (payment reform, population health, practice transformation and health information technology) as well as additional critical areas of strategic focus (workforce, evaluation, consumer engagement) were established in June 2015 via an open application process to include a wide variety of stakeholder expertise and provide insight and guidance across the SIM initiative. Additionally, multi-stakeholder symposiums were hosted to promote active cross-sector engagement between payers and primary care practices engaged in the initiative.

As SIM concludes, there is an increased emphasis on how stakeholders can build on the momentum gained and successes achieved in integrated behavioral and physical health care through this initiative.

> *Cross-sector partnerships are complex and require critical participation of partners across both the delivery and payment systems. Working relationships between community organizations, health systems, payers, health plans, philanthropic organizations and others are vital to sustain ongoing collaboration that supports behavioral health integration across the state.*

In this report, *cross-sector partnership* refers to partnerships between multiple stakeholders in Colorado working across sectors to advance and sustain integrated behavioral health, including but not limited to: state agencies, health systems, health plans, philanthropic organizations, provider associations, community organizations, and advocacy organizations.

Colorado SIM, in partnership with the Farley Health Policy Center (FHPC) and the Wandersman Center, assessed stakeholder readiness to develop and participate in multi-sector partnerships that sustain and expand SIM's work to increase patient access to integrated care in Colorado. Assessing readiness is critical for an in-depth understanding of the current state of cross-sector partnerships to expand access to integrated care across Colorado. Readiness data can illuminate areas of strength in cross-sector partnerships, as well as opportunities where more focused attention would benefit existing partnerships. Additionally, it can surface trends in sector-based readiness to continue the work of partnering.

Methods

Participants. A total of 266 stakeholders identified by the SIM Office, the Farley Health Policy Center and the Practice Innovation Program at the University of Colorado Department of Family Medicine were asked to participate in an online survey to assess organizational readiness to continue to pursue cross-sector partnerships to advance and sustain behavioral health integration as SIM concludes. The assessment encouraged a minimum of three respondents per organization. Respondents were largely selected based on involvement in cross-sector partnerships in SIM. Where the minimum number of respondents was not available for contact, the primary organizational liaison was asked to forward the survey to other organizational members with involvement in the SIM partnership effort. This report summarizes results from the Readiness for Cross-Sector Partnership Scale (RCP).

Measures. The RCP is adapted from the Readiness Diagnostic Scale, which is an evidence-based instrument used to assess organizational readiness to adopt or sustain an innovation (practice, procedure, or policy new to a setting).[1] Broadly, the RCP captures how *willing* and *able* participating organizations are to continue the work of cross-sector partnerships to advance and sustain integrated behavioral health in Colorado.

The RCP is comprised of three readiness dimensions, or components:

- **Motivation:** the extent to which your organization wants to participate in cross-sector partnerships

- **Innovation-specific Capacity:** specific knowledge, skills, abilities, and resources required to advance and sustain cross-sector partnerships for integrated behavioral health

- **General Capacity:** the overall functioning (effectiveness) of your organization

These components are broken down into more specific elements, or subcomponents (see Appendix A for a summary of readiness terms and associated definitions), from which the RCP items were derived. The RCP is rooted in the R=MC^2 (Readiness = Motivation x Innovation-specific Capacity x General Capacity) Framework,[1] where readiness is viewed as a continuous and dynamic construct versus a dichotomous construct of "ready" or "not ready." Low readiness values should not be interpreted as inherently negative, but may indicate opportunities for development and growth.

In this report, assessment data is organized into the following three sections: i) participant characteristics; ii) readiness ratings (quantitative data); and iii) key themes for advancing and sustaining the partnership (qualitative data). Recommendations for next steps are provided at the end of the report.
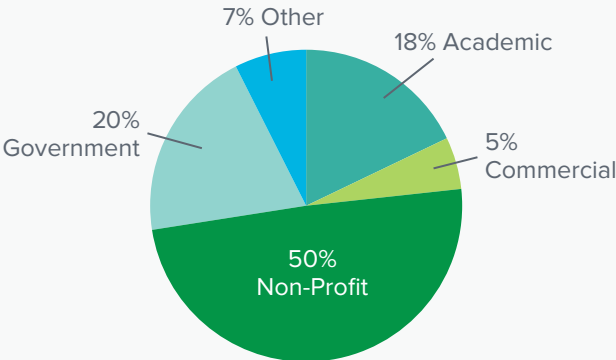
1   Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A practical implementation science heuristic for organizational readiness: R= MC2. Journal of Community Psychology, 43(4), 484-501.

Characteristics of Respondents

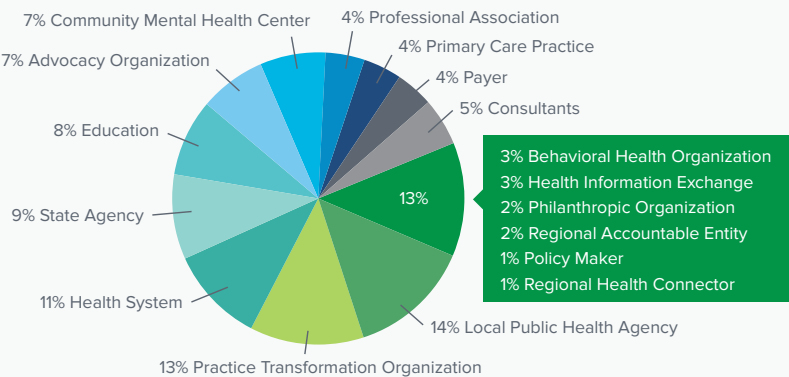## This report includes responses from a total of 95 participants.[2]

The largest proportion of respondents were from the non-profit sector (50%, n=47), followed by the government sector (20%, n=19), academic sector (18%, n=17), those in "other" sectors (7%, n=7), and the commercial sector (5%, n=5) (Figure 1). Nearly three-quarters of the respondents indicated being an active member of a SIM workgroup or advisory group. Of those who indicated being an active member of a SIM workgroup, most respondents were from the practice transformation workgroup (n=15), followed by the health information technology workgroup (n=12) and SIM steering committee (n=12). Variability across workgroup response rates is likely related to ongoing workgroup activity through SIM. Some workgroups dissolved relatively early in the project while others were more directly tasked with advisement and decision-making throughout the project.

The organizational type captures the primary function or mission of the respondent's organization. Respondents indicated a wide range of organizational types which are summarized into 17 categories (Figure 2). Local public health agencies, practice transformation organizations, and health systems represented the largest groups, each comprising slightly over a tenth of the respondent sample. Ten organizational types each represented 5% or less of the total stakeholder sample, including professional associations, behavioral health organizations, research consultants, health information exchanges, philanthropic organizations, regional accountable entities, policy maker, and regional health connectors.

Figure 1. Sector of organization

- 7% Other
- 18% Academic
- 5% Commercial
- 50% Non-Profit
- 20% Government

Figure 2. Organizational types

- 7% Community Mental Health Center
- 7% Advocacy Organization
- 8% Education
- 9% State Agency
- 11% Health System
- 13% Practice Transformation Organization
- 4% Professional Association
- 4% Primary Care Practice
- 4% Payer
- 5% Consultants
- 13%
  - 3% Behavioral Health Organization
  - 3% Health Information Exchange
  - 2% Philanthropic Organization
  - 2% Regional Accountable Entity
  - 1% Policy Maker
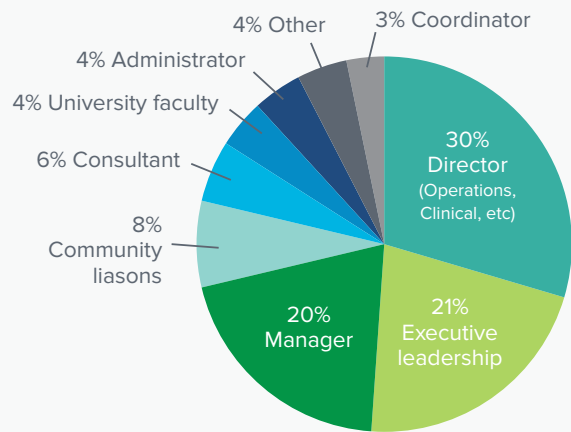 - 1% Regional Health Connector
- 14% Local Public Health Agency

2 All 95 respondents answered at the demographic questions, 85 (89.5%) respondents completed a portion of the assessment questions, and 75 (78.9%) respondents completed the entire assessment.

Respondent roles were measured across seven categories. Directors, including operations, clinical, and more, represented nearly one-third of the respondents (30%, n=28). Executive leadership and management roles each comprised approximately one-fifth of the sample. The remaining one-third of the sample consisted of community liaisons, consultants, administrators, university faculty, coordinators, and other roles (Figure 3).

The diversity of organizational types and roles within organizations reflects the broad range of stakeholder participation in SIM and reinforces that cross-sector engagement efforts result in the inclusion of more stakeholders from a variety of sectors and with different missions and objectives.

Figure 3: Role representation within organizations

- 4% Other
- 3% Coordinator
- 4% Administrator
- 4% University faculty
- 6% Consultant
- 8% Community liasons
- 30% Director (Operations, Clinical, etc)
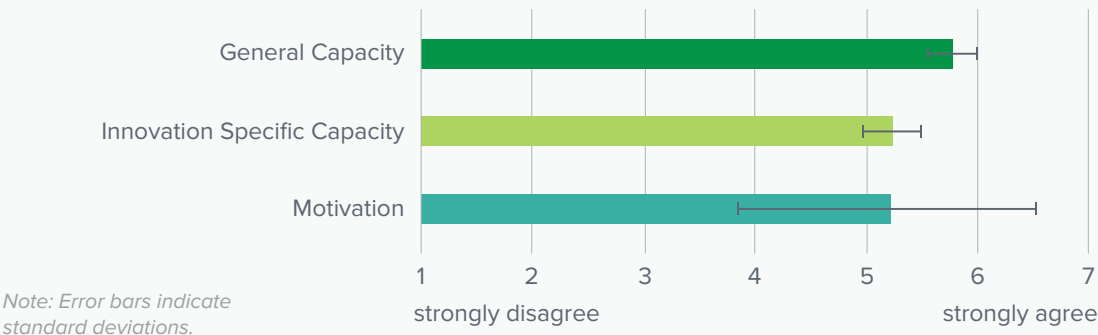- 21% Executive leadership
- 20% Manager

Summary of Stakeholder's Readiness to Sustain Cross-Sector Partnerships for Behavioral Health Integration

Readiness to engage in cross-sector partnerships is a continuous and dynamic construct. Low readiness values indicate opportunities for development and growth. In many instances when working collaboratively across sectors, one partner is more ready than another to participate, share openly and truly work in tandem towards a common goal. This should not prohibit partnerships or exclude vital partners, but instead provide leadership with a sense of where to start, how to level the playing field, and how best to approach organizations that may be more resistant or less capable to participate in cross-sector partnerships.

Results from the RCP indicate that, overall, stakeholders are moderately ready to participate in cross-sector partnerships to continue the work of behavioral health integration started by SIM. Measured on a 7-point Likert scale (1-strongly disagree; 7-strongly agree) stakeholders indicated highest readiness levels for *General Capacity* (5.77) and slightly lower for *Innovation-Specific Capacity* (5.24) and *Motivation* (5.21) (Figure 4). Table 1 depicts average subcomponent scores across respondents representing 67 organizations. Definitions of each readiness component and subcomponent are provided in Appendix A.

Figure 4: Readiness Component Averages

General Capacity

Innovation Specific Capacity

Motivation

1 — strongly disagree   2   3   4   5   6   7 — strongly agree

Note: Error bars indicate standard deviations.

Table 1: Average scores across readiness subcomponents

Subcomponent	Average score
Motivation	
Compatibility	6.06
Relative Advantage	6.04
Partnership Value	5.85
Commitment and Sense of Ownership	5.61
Observability	5.46
Priority	5.18
Complexity[1]	2.29
Innovation-Specific Capacity	
Cohesion and Sense of Community	5.60
Decision Making and Participant Input	5.46
Innovation-specific Knowledge, Skills, and Supports	5.44
Leaders of the Partnership	5.41
Communication	5.18
Roles and Responsibilities	5.07
Supportive Climate	4.93
Conflict Management	4.83
General Capacity	
Culture	6.14
Leadership	5.94
Innovativeness	5.86
Staff Capacity	5.75
Internal Operations	5.59
Climate	5.58
Resource Utilization	5.51

Readiness Color Coding Key

Subcomponents have been ranked on a color-coded continuum, which indicates each subcomponent's score relative to stakeholder organizations' other subcomponent scores.

Low   **High**

Action recommended: identify strategies for improvement   Consider using as leverage for increasing org. readiness

Note. This table uses a color-coded heat map to visually highlight variations in readiness actual subcomponents. Subcomponents are coded on a red-to-yellow-to-green continuum, with red indicating lower readiness scores, yellow indicating scores in the middle, and green indicating higher readiness scores. This color-coded scheme can be used to readily identify specific areas of strengths, weaknesses, and trends. Items are measured on a 7-point Likert scale (1-strong disagree; 7-strongly agree); see Appendix A for definitions of components and subcomponents.

1 *Complexity is reverse scored. A lower average denotes a lower level of readiness.*

SUBCOMPONENTS HIGHEST IN READINESS:

Stakeholders rated *Culture*, *Compatibility*, and *Relative Advantage* as the three highest subcomponents. *Culture* is a subcomponent of *General Capacity*, meaning that it is an aspect of maintaining a well-functioning organization overall. High scores on *Culture* indicate that organizations have clear and supportive norms and values. *Compatibility* and *Relative Advantage* are subcomponents of *Motivation*, indicating that stakeholder organizations are fostering willingness to engage in cross-sector partnerships in these areas. Specifically, high *Compatibility* scores indicate that stakeholders agree that their involvement in cross-sector partnerships to sustain and advance integrated behavioral health fits well with how they already operate. High *Relative Advantage* scores indicate that stakeholders perceive that cross-sector partnerships are better than other possible strategies for sustaining and advancing behavioral health integration in Colorado. These subcomponents reflect strengths among stakeholders in Colorado working towards integrated behavioral healthcare. See Table 2 for a summary of the highest rated subcomponents and associated individual assessment items.

Table 2. 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**

SUBCOMPONENTS LOWEST IN READINESS:

The three subcomponents rated lowest in readiness are *Complexity, Conflict Management, and Supportive Climate*. Under the component of *Motivation*, a low *Complexity* score indicates that members of the partnership view the effort to partner across sectors as highly complex and challenging. *Conflict Management* and *Supportive Climate* are subcomponents of *Innovation-Specific Capacity*. Low ratings for *Conflict Management* indicate a need for more effective processes for addressing conflicts and sensitive issues. Low ratings of *Supportive Climate* indicate perceived inadequate supports, processes, and resources to sustain and advance cross-sector partnerships for integration efforts. These subcomponents reflect the greatest areas of opportunity for growth among stakeholders in Colorado working towards integrated behavioral healthcare.

Table 3. 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**

* Items are reversed scored. Smaller values indicate higher perceived complexity, or lower levels of readiness.

Readiness by Organizational Type

Table 4 displays the readiness component scores across organizational type. In many cases, multiple organizations are represented within one organizational type, meaning that several organizations perform a similar function across the state. Research consultants (n=5) had the highest readiness across components. Regional health connectors or host agencies (n=1) indicated the lowest readiness across components. Philanthropic organizations indicated greatest variability in readiness levels across readiness components (range of 4.72-7.00), with a moderate rating for *Motivation* and the highest possible rating for *General Capacity*. Even in cases where lower readiness by organizational type was reported, average scores were equal to or greater than 4.36 (scoring on a scale of 1-7), reflecting that most respondents are reporting at least moderate motivation and capacity for continued partnerships. A limitation of this data is that within certain organizational types there are fewer respondents (n < 3). In these categories, conclusions regarding readiness for continued cross-sector collaboration may not be generalizable due to lower rates of response.

Table 4: Average scores across readiness components per organization type

Organizational Type	n	Motivation	Innovation-specific capacity	General capacity
Research Consultants	5	5.97	6.25	6.63
Policy Maker[1]	1	6.11	N/A	N/A
Health Information Exchange	3	5.57	5.66	6.89
Philanthropic Organization	2	4.72	6.00	7.00
Local Public Health Agency	13	5.78	5.79	5.77
Practice Transformation Organization	12	5.90	5.37	5.77
Community Mental Health Center	7	5.61	5.5	5.79
Education	8	5.66	5.42	5.66
Professional Association	4	5.50	5.18	5.92
Primary Care Practice	4	5.07	5.45	5.50
Regional Accountable Entity	2	4.69	5.02	6.28
Advocacy Organization	7	5.04	4.36	5.88
Health System	10	4.67	4.72	5.87
Payer	4	4.83	4.79	5.63
State Agency	9	4.73	4.83	5.44
Behavioral Health Organization	3	5.09	4.41	5.11
Regional Health Connector or Host Agency	1	5.00	4.88	4.50

1 Data for the one respondent who identified as a policy maker organization did not have complete data and therefore, averages for innovation-specific capacity and general capacity were unavailable. Average scores calculated from low numbers of respondents may not be indicative of other similar organizations.

Satisfaction with the Cross-Sector Partnerships

The RCP assessment included four items to measure partnership satisfaction (listed below). Overall, respondents are moderately satisfied with existing cross-sector partnerships for advancing and sustaining integrated care (4.88). The range of ratings on partnership satisfaction was narrow, ranging from 4.79-4.96 on a 7-point Likert scale.

- Leadership's plans for achieving the partnership's goals for advancing and sustaining integrated behavioral health (4.96)

- Our influence in cross-sector partnerships (4.92)

- The way people and organizations work together (4.86)

- The way leaders are implementing plans (4.79)

Qualitative Insights and Key Themes

As part of the RCP, stakeholders were invited to respond to the following four questions:

- Our organization's motivation and capacity for different conversations that lead to integrated behavioral and physical health care with cross-sector partners has improved.

    - 1-Strongly Disagree to 7-Strongly Agree, or Not Applicable

    - What has contributed to or limited this improvement or lack of improvement?

- What do you consider most meaningful about participating in cross-sector partnerships to advance and sustain integrated behavioral health in Colorado?

- What concerns do you have about collaborating across sectors to advance and sustain integrated behavioral health in Colorado?

- What would be most helpful in supporting your interest in sustaining integrated behavioral and physical health care in Colorado?

Stakeholders agreed their organizations' motivation and capacity for different conversations that led to integrated behavioral and physical health care with cross-sector partners had improved (5.37). The following represents responses to these questions organized by the primary underlying themes which emerged: *collaboration and partnerships*, *capacity*, *outcomes*, and *funding and sustainability*.

Collaboration and Relationships

Collaboration and relationships were identified as factors that both contributed to and limited motivation and capacity to build and sustain cross-sector partnerships. Strong relationships were reported as one of the most meaningful aspects to participating in SIM, but concerns were voiced in regard to how these would be sustained in the future. Stakeholder responses relating to collaboration and relationships fell into the following sub-themes: inclusive representation across organizations, trust and relationships, alignment, shared learning and resources, understanding cross-sector partner value propositions and opportunity.

Inclusive representation across stakeholder entities. Stakeholders reported inclusive representation across multiple organizations as one of the most meaningful aspects of participating in cross-sector partnerships to advance and sustain integrated behavioral health, meaning participation was not limited to only a select few. Stakeholders valued the recognition of expertise from a variety of perspectives, diversity in representation and opportunities to bring visibility to the work and contributions of sectors outside of traditional healthcare. They also valued opportunities to have what have historically been difficult conversations with new partners. They reported the importance of all stakeholders being able to express concerns and perspectives, the attention given to integrating primary care into behavioral health settings (not only behavioral health into primary care settings), and

involving community agencies and all types of practices and health systems. Conversely, some stakeholders reported there was not inclusive cross-sector representation, noting concerns that certain organizations and entities had more power and influence in decision-making due to size, purpose, or previous experience or expertise in integrated care.

> *"Complex issues need multiple skills, experiences, backgrounds and perspectives to address."*

> *"It is a necessary goal that needs to be pursued. And getting a buy-in from a variety of arenas will lead to more sustainable change, it requires a change in mindset across the population, no one agency or area can influence the masses."*

> *"Some organizations have more power in the process and are not always inclusive."*

Trust and relationships. Stakeholders attributed opportunities to network, build relationships and trust, and role clarification as components of strong partnerships. One stakeholder reported that cross-sector partnerships facilitated a slow breakdown of "historical mistrust", allowing agencies that have competed in the past to learn how to work together regardless of the community challenge to be addressed.

> *"Local culture/historical mistrust among various agencies in the community has been our biggest barrier, but we have made progress on this issue."*

> *"Relationships are the key contributor to improvements in partnerships."*

At the same time, some stakeholders reported lack of trust between partners and the need to build trust as a component of high functioning, reciprocal partnerships as a potential barrier to sustained cross-sector partnerships. Stakeholders noted concerns around the impact of organizations needing to "protect their turf," which impeded successful collaborations due to mistrust, established attitudes towards other sectors and organizations, and competitiveness. Unique limitations were communicated related to the evolution of the relationships between Community Mental Health Centers (CMHCs) and primary care, including ongoing concerns related to new Medicaid billing opportunities within primary care and the perception that they may negatively affect CMHCs.

> *"The territorial nature of the system is a challenge to true integration. Trust varies across organizations and regions."*

Alignment. Stakeholders identified alignment as critical to sustainability and as a strategy to reduce waste and enhance the impact of resources with common goals and visions for implementing and sustaining integrated behavioral health.

> *"There is an enormous amount of duplicate work currently being funded at different organizations through different funding streams. Cross-sector partnerships are meaningful when they find ways to reduce waste and enhance the impact of the dollars we are already spending."*

> *"Health care is complex and needs to be coordinated across many organizations. Developing strong collaborations among organizations that aligned clinically and financially are key for sustainability. Having cross-sector partnerships help develop efficient systems of care and hopefully reduce provider burnout."*

Stakeholders reported concerns and challenges that emerged from a lack of a unified vision including different agendas and goals, competing interests, and different definitions of success. Without a unified vision, stakeholders reported challenges in aligning objectives between organizations and working towards a shared vision.

> *"Many potential partners hold onto old behaviors, beliefs, etc. and cannot be future focused. Everything is problem solving vs. solution finding. There is quite a difference in a person's focus when comparing the two."*

Shared learning and resources. Stakeholders frequently reported the opportunities for shared learning and resources as meaningful aspects of cross-sector partnerships. Shared learning presents opportunities to learn from each other to reduce duplicate efforts and pool knowledge and resources. Stakeholders noted the need for communication efforts to advance integrated care and facilitate information sharing.

> *"Relying on the expertise of various partners means that none of us has to "recreate the wheel." CMHCs are the experts in care for individuals with a broad spectrum of behavioral health concerns, from serious mental illness to substance use disorders to mental health crisis challenges, etc. FQHCs and others are experts in the care of chronic conditions, like diabetes or heart disease. When experts in these areas create effective partnerships, patients benefit from a whole-health approach."*

> *"The information and resources that come with cross-sector partnerships is most meaningful. What we can't offer or do not provide we are able to obtain more knowledge and resources for those we serve in these partnerships."*

Understanding cross-sector partner value propositions. Some stakeholders identified the opportunity to understand other sectors' value propositions to participate in integrated care partnerships as the most meaningful aspect to cross-sector partnerships. This knowledge facilitated a better understanding of other sectors' motivation to participate in partnerships to advance integrated care.

> *"The developing level of mutual understanding and increasing ability of stakeholders to see the 'value proposition' perspective of other stakeholders is the most likely to sustain integration in Colorado."*

Opportunities. Stakeholders reported opportunities resulting from cross-sector partnerships, such as better-informed decision-making, promotion of innovation, and identification of opportunities for future work together as a benefit of collaboration.

> *"Understanding the landscape of efforts around the state is helpful to inform how state agencies should move forward."*

> *"The partnerships have led to advancements in integrated behavioral health, but a lot of work remains in that area. In addition, the partnerships have great potential for accomplishing other important, related work in the state."*

Capacity

Capacity, or the lack thereof, is an underlying challenge of work related to both cross-sector partnerships and behavioral health integration. Resources in the form of time, money and human capital are regularly realigned according to competing priorities, both from internal and external pressures. Leaders and stakeholders recognize the need to address the capacity of cross-sector partners in terms of workforce and clearly defined leadership to meet the ongoing demands of continuing to support behavioral health integration efforts.

Workforce. Stakeholders identified workforce capacity to support collaboration across sectors as a focus area that SIM has supported, but that will need ongoing attention if partnerships are to be sustained. Though it was widely acknowledged that working across sectors more effectively supports innovation than working in siloes, stakeholders are concerned about the capacity of organizations balancing multiple competing priorities to maintain both motivation and active participation in cross-sector partnerships to support behavioral health integration. Concerns related to workforce and capacity included the need for a dedicated staff member assigned to collaborative efforts, lack of time and resources for an organization to participate in the collaboration, and the risk of other priorities overshadowing the focus on integration.

> *"The targeted focus of this initiative (SIM) has helped improve this (capacity to collaborate) due to the dedicated time, efforts, and funds to support attention to the conversation."*

> *"Collaboration requires time and it is difficult to pay for FTE to develop relationships in our current funding environment. This work lurches forward in spurts that are supported by short-term grant funding but then slows down as sustainable funding for this work remains elusive."*

Leadership. Clear leadership to advance and coordinate efforts to achieve the vision of behavioral and physical health integration is critical to success and sustainability. The leadership of the SIM Office was noted as crucial for progress, and stakeholders voiced concern that changes to the current leadership structure may disrupt existing partnerships and collaborations. However, some stakeholders also reported concerns that leadership and unifying vision in SIM was not always clear and that the current fragmented system led to some duplication in leadership. Stakeholders also report the participation of their individual organization in cross-sector partnerships is dependent on their own leadership's decisions and values related to integrated care.

> *"Leadership and vision that this (partnering to support behavioral health integration) needs to happen has contributed to improvement."*

> *"There has been a lack of leadership capable of setting a clear direction that all key stakeholders will follow. The efforts seem to be spread too thin and lack a unifying focus."*

> *"Attention, time and capacity will falter when funds are gone which have allowed dedicated staff to focus on these efforts and prioritize cross-sector communications and collaborations. Being able to identify a very specific return on investment to community organizations in addition to providers could be helpful to promote those in leadership roles to prioritize these types of efforts."*

Outcomes

Measuring outcomes has been a critical element of Colorado SIM. Stakeholders recognize gains and attribute improved outcomes to meaningful cross-sector partnerships, and call for continued work towards solutions to more effectively share data.

Improved outcomes. Stakeholders reported that the opportunity to improve outcomes was a meaningful aspect of participating in cross-sector partnerships. Stakeholders referenced opportunities to increase patient access to integrated behavioral and physical health services and to improve the lives of patients, families, and communities by collaborating across sectors. By building relationships that resulted in the integration of physical and behavioral health services, stakeholders feel that patient care and outcomes were positively affected.

> *"Cross-sector partnerships improve our ability to address all the things that keep people healthy both in and outside of the clinic."*

> *"Most meaningful is the ultimate effect it has and will have on current and future healthcare efforts, operations, outcomes, relationships, and continued opportunities for further improvement."*

Sharing data. Though SIM created a level of accountability for patient outcomes, stakeholders identified concerns related to infrastructure for measurement. Current data systems are not designed to capture outcomes of shared care management between primary care and behavioral health providers, and sharing data from different electronic health records is challenging. Continued focus to address both technological and policy-level challenges to address how data is stored and shared is essential to sustainable partnerships.

> *"Another challenge is in monitoring data and demonstrating outcomes - in these types of partnership programs, improved outcomes are often seen across systems and in ways that can be difficult to capture, especially with cost savings (e.g., increased expenditures in behavioral health wraparound services like case management and outreach might result in reduced cost in hospitalizations or criminal justice system)."*

Funding and Sustainability

Within the areas of funding and sustainability, stakeholders described the importance of payer engagement in cross-sector partnerships, sustainability gains made through SIM, the need for funding to support continued collaborative work, and the importance of further sustainability planning.

Payer engagement. Stakeholders recognized the value of payer participation in cross-sector discussions in SIM and the necessity for continued collaboration between payers, practices and other relevant organizations to further develop alternative payment models that effectively support integrated behavioral health. Stakeholders noted that a lack of shared understanding of the financial aspects of integrated care impedes the work of cross-sector partnerships, but that open forums for continued discussions represented positive progress in SIM that should be sustained into the future.

> *"Meaningful, all-payer payment reforms must support these efforts."*

Sustainability gains through SIM. Components of sustainability fueled by the cross-sector partnerships in SIM included the development of collaborative energy and momentum, opportunities to train the next generation of the workforce, and developing sustainable funding mechanisms.

> *"We are better together. By pooling our abilities and knowledge, we can be successful in sustaining integrated behavioral health."*

Funding to sustain collaboration infrastructure and capacity. Stakeholders reported the necessity of funding to support and maintain collaborations, both for the convener and participating organizations. Actively participating on workgroups and networking to sustain high functioning relationships takes time and dedicated resources. Though this is recognized as a value-add to most organizations, it demands infrastructure and time. Sustained leadership and a defined entity to manage and staff collaborative efforts should also be considered.

Stakeholders voiced that SIM provided an opportunity for stakeholders to rally together and expressed concern that without a continued central convener, priorities may shift and the ability to maintain energy and momentum for integrated behavioral health is in question. Staff time is required to plan and execute high functioning and effective cross-sector meetings, and planning for this is essential to successfully convene stakeholders with competing priorities and limited time.

> *"Funding and/or dedicated staff to those efforts in a longer term capacity as part of an organization's foundation. Perhaps legislative policy funds, small amounts which could be carved out to support FTE dedicated to these very targeted efforts."*

> *"On-going resources to support convener/backbone agency role."*

Sustainability planning. As SIM concludes, stakeholders are eager for a sustainability plan outlining the who, how and what of continuing to advance behavioral health integration, including the high functioning, multi-stakeholder workgroups that SIM initiated. There is recognition that though SIM represents a significant step forward towards improved access to integrated care in Colorado, work remains to be done, including future policy to support behavioral and physical health integration. Hope was expressed that either new leadership or leadership within existing organizations can build on the momentum and gains of SIM while continuing to innovate and lead as new opportunities arise.

> *"Having a well-thought out strategy/road map with input from key players that uses time efficiently and is successful. (yes... a big ask...)"*

> *"Additional training for partner teams and leadership on sustainability of healthcare programs and establishing/maintaining effective cross-sector partnerships."*

Conclusion

A diverse group of stakeholders participated in this analysis of their readiness to continue in cross-sector partnerships to advance integrated behavioral health in Colorado.

Overall, stakeholders are moderately ready to participate in cross-sector partnerships to continue the work of behavioral health integration that was initiated by SIM, and results from this readiness assessment may be coupled with learnings from the comprehensive evaluation of the SIM initiative to guide prioritization and implementation of next steps. The overall functioning (*General Capacity*) of participating organizations is an asset and elevates readiness levels. Willingness (*Motivation*) to participate was lowest among the three broad readiness components, which may be a particular valuable area of focus for future collaborative discussions. Across stakeholder organization types, research consultants, health information exchanges, and philanthropy organizations were highest in readiness; health systems, payers, state agencies, behavioral health organizations and regional health connectors indicated lower levels of readiness. Lower levels of readiness by invested stakeholders may be a reflection of how challenging the work of collaboration to achieve results can truly be. It is important to consider that lower readiness here may not indicate an unwillingness or disinterest in continued collaboration, but that those with experience in collaborative work recognize the commitment and effort involved, and may be looking for resources and leadership to effectively sustain and advance. Stakeholders largely feel that their involvement in cross-sector partnerships to advance behavioral health integration aligns with how they operate, is advantageous to other behavioral integration strategies, and that participating organizations have positive organizational cultures. Simultaneously, stakeholders noted that partnering across sectors to support integrated behavioral and physical health is highly complex and challenging; expectations and processes for navigating conflict, as issues arise, are inadequate; and additional supports, processes, and resources are needed to support the activities of partnering across sectors. Participants identified four areas important to past and future partnering efforts: collaboration and relationships, capacity, measuring outcomes, funding and sustainability.

Cross-sector partnerships to integrate behavioral and physical health are key to both the process and outcomes of SIM. There is still much to learn about the significant gains in integrated care that were made over the last four years, yet we know that the work is not done. Cross-sector partners are ready to tackle the remaining challenges of integrating care, leveraging the strengths and expertise of one another. It would be a waste to let the advances made dissipate when the SIM funding ends; carrying the momentum forward is dependent on each stakeholder. Colorado is ready to continue leading integrated care innovations.

Recommendations

> Convene stakeholders to review and discuss the results of their readiness assessment. Use a convening to activate cross-sector partnerships for implementing next steps toward integrating behavioral health in Colorado, answering questions such as:

  – What aspects of the report were surprising? What aspects of the report are consistent with expectations and experiences? How can partnering organizations work together to address the readiness areas with the greatest opportunity for growth? How can partnering organizations leverage strengths identified in the readiness results?

> Identify a continued central convener for cross-sector partnerships

  – Identify funding sources to sustain a central convener role and the necessary capacity and infrastructure for the convener to maintain cross-sector partnerships.

> Enhance infrastructure for cross-sector partnerships based on lessons learned, specifically:

  – Highlight the role of payers in cross-sector partnerships and foster further development and implementation of alternative payment models that support integrated behavioral and physical health.

  – Use a collaborative approach to establish a process for managing conflict in a way that also supports the expression of diverse opinions and approaches.

  – Increase opportunities for exchanging information and resources; this is important for aligning efforts and reducing inefficiencies.

  – Focus future cross-sector partnerships on methods for assessing and improving organizational participation and engagement, including assurance of inclusive representation from different stakeholder organizations.

  – Seek funding for future readiness surveillance to understand changes in stakeholder readiness to integrate behavioral health and primary care over time.

> Set a course for future work

  – Ensure stakeholders come to an agreed upon, unified vision for state-wide cross-sector partnerships for integrated care moving forward.

  – Consider ways to apply the collaboration enabled by cross-sector partnerships to other future state-level work related to behavioral health and integration across sectors.

Appendix A: Readiness Component and Subcomponent Definitions

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

Compatibility
This innovation fits with how things are done here.

Relative Advantage
This innovation seems better than what is currently being done.

Partnership Value
This innovation brings value to our organization.

Commitment and Sense of Ownership
Our organization is cares about this innovation.

Observability
Ability to see that this innovation is leading to outcomes.

Priority
Importance of this innovation compared to other things our organization does.

Complexity
This innovation is complex to adopt or sustain.

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

Cohesion and Sense of Community
Feeling of connection between stakeholders in the innovation.

Decision Making and Participant Input
Ease, interest, and involvement in decision making for the innovation.

Innovation-specific Knowledge, Skills, and Supports
Sufficient abilities to do this innovation.

Leaders of the Partnership
Leadership supports the innovation and is engaged with the effort.

Communication
Sufficient information sharing to do this innovation.

Roles and Responsibilities
Clear understanding of organizational roles for supporting the innovation.

Supportive Climate
Necessary supports, processes, and resources to enable this innovation.

Conflict Management
Beliefs that conflicts surrounding the innovation will be addressed appropriately.

General Capacity: Our overall functioning.

Leadership
Effectiveness of our leaders.

Innovativeness
Openness to change in general.

Internal Operations
Effectiveness at communication and teamwork.

Climate
The feeling of being part of this organization.

Resource Utilization
Ability to acquire and allocate resources including time, money, effort, and technology.

Culture
Norms and values of how we do things in my organization.

Staff Capacity
Having enough of the right people to get things done.