

# Colorado Behavioral Health Administration: Streamlining Collaborative Care Through a Centralized MAT Registry

## Background & Summary

Colorado's Behavioral Health Administration (BHA), a new cabinet member-led agency within the State of Colorado's Department of Human Services, was established for the purpose of driving care coordination across multiple state agencies that address behavioral health needs.



The BHA became operational on July 1, 2022, with the passage of Colorado House Bill 22-1278, which officially established its duties as a multi-year, phased project, including ongoing partner and community engagement. The agency is instrumental in achieving the State's vision of comprehensive, equitable, accessible, affordable, and effective behavioral health services that meet the needs of all people in Colorado in the right

place, at the right time. As a part of its strategy to fulfill its core mission, Colorado BHA partnered with Dimagi to create a centralized registry that would include all individuals in the state receiving medication assisted therapy [MAT], serve to facilitate care coordination and reporting, and offer high-quality, unified user experience.

After the initial implementation of the registry in mid-2022, state administrators and providers have experienced a drastic reduction in time-consuming tasks like validating client admission statuses or eliminating duplicate records. Users no longer spend dozens of hours combing through data manually or waiting for another party to confirm a client's status. Instead, they can focus on their clients, and ensure they receive timely and appropriate care.

## Problem

Prior to 2021, when the BHA formed, statewide efforts to address MAT care coordination and intake challenges — by collecting client data and matching behavioral healthcare needs to resources — were largely fragmented. **The lack of a central MAT registry accessible to providers meant intake was a cumbersome, time-consuming process that required state intervention and entailed hours of stitching together pieces of disparate information from a wide array of sources.**

For example, providers attempting to validate that a MAT-eligible individual was eligible for intake needed to email a client admission request to the state administrators ahead of intake. The administrators would then query their legacy registry accessible only to the State, to confirm a client wasn't in treatment elsewhere. The administrators were responsible for identifying potential admission conflicts, as well as contacting relevant facilities to ensure their data is up to date, leaving clients in crisis hanging. Duplicate enrollments and care, where multiple clients received controlled medications from more than one clinic, were common and took a long time to resolve.

Because data came in a wide array of formats from a wide array of sources — PDFs, proprietary MAT registries, Excel spreadsheets, etc. — synthesizing information for the purpose of analysis and decision-making was incredibly difficult. This strained already limited resources and clients had to wait longer to receive the crucial care they needed.

## Approach & Solution

**Colorado partnered with Dimagi in late 2021 with clear goals:**

- **To implement a centralized client registry** that would offer an outstanding end-user experience, and ease provider reporting burdens and administrative duties.
- **To significantly reduce the time it takes for clients to receive the most appropriate care**, and, in doing so, improve behavioral health outcomes.
- **To ease regulatory reporting** through the creation of an application that would automate administrators' quarterly and annual reports.

Dimagi drew on its extensive experience configuring complex tools on its flexible, modular CommCare platform to develop a solution to respond to this challenge.



Over several months, Dimagi’s application development team worked with State subject matter and UX experts to design, build and deploy a Central Registry that included role based experiences for providers and state users, smart forms to enable targeted conversations and decision support, de-duplication and other features to support the critical work of MAT client care.



Dimagi incorporated ancillary applications, such as Snowflake and Tableau’s data-visualization solution, within the CommCare application framework to create embedded visualizations for central registry users so they can monitor metrics such as:

- **Yearly and Monthly Admission Trends:** Providers and state admins can monitor trends in admissions and discharges.
- **Client Census:** Providers see who is admitted and discharged by provider network and OTP clinic, so they can drill down to see the entire clinical history of every individual client in their care.
- **Average Length of Stay:** Providers and state administrators can monitor trends in inpatient care, including identifying clinics with an average length of stay of more than 90 days.
- **Potential Duplicates:** State administrators are alerted to possible duplicate records, so they can clean and reconcile data.

The BHA Central Registry is also interoperable with other state systems, and is capable of synthesizing data into an ingestible format, across a single dashboard interface.



## Outcomes

In the months since Colorado BHA began rolling out the centralized registry to state agency administrators and providers, feedback has been overwhelmingly positive:

- **Using the CommCare platform has drastically reduced the time that it took administrators to query the registry on behalf of providers.** Because the system is much more usable, state agencies no longer spend hours querying databases.
- **The CommCare platform alerts users to potential duplicates,** eliminating the need for users to comb through all of the data manually.
- Providers say that having **the ability to query the MAT registry independently, without state intervention, has sped up the client intake/admission process.**

More than 5,700 clients have been admitted to MAT programs in the past 10 months, and **97% of admissions did not require state team involvement** (compared to 0%, prior to the rollout of the centralized registry).

That's about *500 times each month* that a client was admitted to receive treatment without delays, such as waiting to hear back from state teams that are querying on a clinic's behalf.

## Reflections

**Dimagi and its partners see sustainability as a core component of its technology stack.** With everything that Dimagi is building, we're ensuring that things are as simple as possible and as understandable as possible, so future administrators can use it with ease – even with little to no technology background or training.

**Moving forward, Dimagi will continue to partner with BHA to roll out new tools** like a provider directory, bed capacity tracker and referral system, which will enable providers across the state to interface directly with one another, to see what services are being offered by facilities across the state, and to make rapid referrals, to improve coordination of care and allocate resources effectively and efficiently.

