COLORADO
Department of Health Care Policy & Financing

Date: February 13, 2025
Time: 1:00 PM – 2:30 PM
Location: Virtual Meeting

Agenda:

- Housekeeping and Member Introductions 1:00-1:15
- Meeting Purpose and Agenda 1:15-1:25
    - Robert Werthwein
- Introduce Charter 1:25-1:30
- Medicaid System of Care Overview and Where We are in the Process 1:30-2:00
    - Robert Werthwein
- What you, the committee members, would like to see 1:55-2:05
- Next steps 2:05-2:15
- Public Comment 2:15-2:30

Welcome and Introductions

- **Stacey Davis** facilitated introductions of the members. Each participant shared their role and responsibilities.

Purpose and Overview of Meeting

- **Stacey Davis** provided an overview of the meeting's purpose: to ensure the highest quality of care for children and youth with complex behavioral health needs through a collaborative and integrated system.
- The committee is focused on moving forward with the Medicaid system of care and initiatives related to House Bill 24-1038.

Committee Updates

- **Chris Anderson:** Provided an update on the Lived Experience Advisory Committee. There were 58 applicants, and the selection process is ongoing. Chris expects to have a list of members by next week.
- **Jamie Ulrich:** Shared an update on the Implementation Advisory Committee. The committee is still awaiting the settlement agreement to finalize implementation details. Once the agreement is in place, the focus will be on implementing a standardized assessment tool (CANS) and enhancing care coordination for youth enrolled in Medicaid.

Review of the Meeting Charter

- **Stacey Davis** led a discussion on the Charter of the Medicaid System of Care Statewide Leadership Committee Charter.
    - This meeting is dedicated to ensuring the highest quality of care for children and youth with complex behavioral health needs. The committee's purpose is to guide and support the implementation of the Medicaid System of Care (MSOC). Stacey also noted that the meeting will address House Bill 24-1038, which is pivotal to the work of the committee.
    - The committee will ensure cohesive collaboration across agencies, service providers, and community organizations to avoid fragmentation and foster coordinated approaches.
    - Key responsibilities include reviewing recommendations from the Lived Experience and Implementation Advisory Committees, providing strategic oversight, monitoring progress, and making necessary adjustments to strategies.

Co-Chair selection:

- **Robert Werthwein:** Discussed the need for co-chairs to help set agendas, guide meetings, and offer strategic direction.
    - **Cristen Bates** was nominated by Robert as a co-chair,
    - **Guinevere Munib** volunteered to assist.
    - **Tamara Pogue** was nominated by Commissioner Scott James

Open discussion on what else members would like to see

- **Cristen Bates:** Suggested adding a component to the charter that addresses transparent policies and expectations around payment. Many providers have expressed concern about the sustainability of the system without clear information on payment structures.
    - **Carrie Warren-Gully** agreed, stating that ensuring funding for these initiatives is critical to successful implementation.
    - **Robert Werthwein** acknowledged the need to include fiscal sustainability in the charter and committed to focusing on the budget at the next meeting.
- **Sarah Parady:** Raised concerns about potential Medicaid cuts and their impact on the work of the committee. She emphasized the importance of accounting for these potential cuts in the committee's planning.
- **Cristen Bates:** Confirmed that the HCPF is closely monitoring federal updates and working with the governor's office to respond to potential Medicaid cuts. Cristen assured the group that they would be kept updated on any developments. There has been no immediate impact on processes, but the situation remains uncertain.

- **Robert Werthwein:** Confirmed that the committee's next meeting would be scheduled for March or April, and an update on the implementation plan would be presented.
- **Guinevere Munib:** Expressed concern about the current state of services available for children with behavioral health needs, especially after shutting down several facilities. She mentioned having one child currently at St. Vincent and questioned what services are available to prevent children from reaching that point and being added to long waiting lists.
- **Robert Werthwein** clarified that the committee is focusing on intensive home-based services, aiming to reduce the reliance on out-of-home treatments.
- **Robert Werthwein** Explained the larger context of the system of care, which includes seven components:
    1. Identification Tool: Ensures access for families needing intensive services.
    2. Standardized Assessment: This involves a combined approach across different sectors (child welfare, youth corrections, Medicaid, etc.) to standardize assessments using the CANS tool.
    3. Intensive Care Coordination: Critical to the system of care, this involves a designated coordinator (often through high-fidelity wraparound or "focus") who ensures the family has a clear point of contact and advocates for their needs.
    4. Stabilization Services: Crisis services that support families by keeping children at home during episodes, including the use of crisis resolution teams.
    5. Intensive Home-Based Treatment: Various evidence-based models like Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are used to provide frequent in-home treatment.
    6. Support Services: These include respite care for caregivers and material goods to support the family, like items to improve safety or daily living.
    7. Behavioral Services: Consultant services to help address behavioral interventions tailored to the child's specific needs.
- Carrie Warren-Gully raised concerns about the sharing of data between various entities involved in the process and whether the new system would address issues of information sharing to prevent families from having to repeat their story to multiple service providers.

Workforce Challenges:

- **Robert Werthwein** outlined significant workforce shortages, noting that extensive training and certification will be needed for providers. The state is working on a proposal to create a workforce training center to meet these demands.
- He also mentioned a new model, the Qualified Behavioral Health Aids (non-licensed individuals working under licensed clinicians), which is expected to help meet the demand for behavioral health services in underserved areas.

- He also discussed ongoing work with the BHA to increase rates to entice providers to join the workforce, with comparisons to Ohio and New Jersey's successful models.

Budget and Rates:

- Robert highlighted that the system's budget includes a request for $4 million in the first year and $3 million ongoing, aimed at workforce development and training.
- He mentioned that initial funds from Senate Bill 19-195 are being redirected to help support these efforts, given that the existing workforce is insufficient to meet the demand.
- The state is setting up a Workforce Capacity Center to train both licensed and unlicensed individuals in evidence-based interventions to serve families effectively. The center will have a statewide reach, including rural areas.

Data and Projections:

- **Robert** mentioned projections for serving 10,000 to 11,000 youth by 2031, based on recent data from children accessing inpatient, residential, or intensive outpatient services, and behavioral health services in foster care.
- This was based on recent data from 2020 to 2023, with about 11,313 children served in 2023 and 10,500 in 2022.

Update where we are in implementation

- **Robert Werthwein** discussed the rollout of the new service plan:
    - Phase one of the rollout starts with an initial 600 children and plans to scale to 11,000 over the next six years.
    - Workforce expansion is necessary for the success of the plan. Current funding has already been allocated, and the transition into the next phase is in progress.

Key focus for Year One:

    - Provide services such as high fidelity wraparound, MST (Multisystemic Therapy), and FFT (Functional Family Therapy) to children in residential or PRTF settings.
    - Begin with children in extended stay status who need behavioral health services but lack placements.
    - The goal is to help these children successfully transition out of residential care.
- **Year Two and Beyond:**
    - Year two will focus on children discharging from inpatient care at risk of re-entry.
    - By year three, the initiative will expand to include children with behavioral health needs who are visiting emergency rooms or engaging with the crisis system.
    - Year five will see the inclusion of children receiving day treatment services or in-home support.
- **Workforce Capacity and Provider Engagement:**

  - **Robert** mentioned that RAEs will be lead entities responsible for working with Medicaid providers. These providers must be certified in MST or FFT and have contracts with Medicaid to participate.
  - **Guinevere Munib** asked about how to engage therapists already providing in-home services. Robert suggested sending out a feeler to Medicaid providers in April to identify those interested in MST or FFT.
- **Feedback on High Fidelity Wraparound:**
  - A discussion arose regarding the potential for county offices or family resource centers to provide high fidelity wraparound services, especially in rural areas.
  - **Jamie** emphasized the need to ensure these services are not dominated by child welfare agencies due to concerns from families about conflicts of interest.
  - **Robert** expressed openness to exploring this approach and welcomed proposals from county-run family resource centers to take on wraparound services in rural areas.
- **Data Collection and Tracking:**
  - **Jamie Ulrich** brought up the importance of tracking data consistently across all systems. She suggested that it is crucial to define what data will be collected from the onset, to avoid missing essential data points later on. Robert agreed and noted that discussions about data sharing and metrics across agencies would be included in future meetings.
- **Addressing Special Needs and Diversity of Populations:**
  - **Tamara Pogue** raised the issue of ensuring that the system addresses the diverse needs of children and families, including linguistic preferences and special needs.
  - **Robert** confirmed that these considerations would be factored into the planning, including in rural areas where the availability of services may be more limited.

Public Comment:

- **Pamela Treloar**, expressed concern about ensuring that MST and FFT are not applied to populations that may not fit the criteria for those therapies. She emphasized the importance of tailoring interventions to individual needs. She also highlighted that many providers are interested in offering in-home services but are challenged by workforce costs and the need for staff expansion.

Action Items:

- **Robert Werthwein** to share PowerPoint slides and implementation plan summary with the group.
- **Jamie Ulrich** will begin working on a proposal related to county-run family resource centers taking on High Fidelity Wraparound services.

- **Chris Anderson** will set up a meeting with Co-chairs (Cristen Bates, Guinevere Munib, Tamara Pogue) and send out the charter for feedback and slides with the notes

Next meeting: TBD