



**To:** Program Improvement Advisory Committee  
**Cc:** Kiara Kuenzler and Carol Plock  
**From:** Daniel Darting and Sue Williamson  
**Subject:** Program Improvement Advisory Committee Subcommittee At A Glance

Below outlines the subcommittees of the Program Improvement Advisory Committee (PIAC) and their respective charges, objectives, leadership, and staff.

Program Improvement Advisory Committee		
<p><b>Charge:</b> To assist the Department of Health Care Policy and Financing (Department) and Regional Accountable Entities (RAEs) with the implementation and execution of the ACC and its objectives</p>		
<p><b>Performance Measurement and Member Engagement</b></p>	<p><b>Provider and Community Experience</b></p>	<p><b>Behavioral Health and Integration Strategies</b></p>
<p><b>Charge:</b> To assess the overall performance of and experience within the ACC by investigating strategies to ensure robust member participation in all aspects of the health care system and to provide guidance for a robust, effective, and publicly accessible performance measure set that is member and health outcomes focused and aligned with other efforts of the broader health care system.</p>	<p><b>Charge:</b> To assess the experience of providers and community-based organizations (CBOs) within the ACC by identifying, prioritizing, and investigating key challenges and solutions to best support and build capacity within providers and CBOs, to foster collaboration and development of a health neighborhood between providers, CBOs, and RAEs, and to leverage their collective strengths in broader regional and state improvement work.</p>	<p><b>Charge:</b> To assess behavioral health integration within the ACC by investigating the strategies by which RAEs and providers are joining behavioral and physical health at the practice and systems level.</p>
<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• ACC Program Measures and Best Practices</li> <li>• Member Engagement and Activation</li> <li>• Alignment and Data Utilization</li> <li>• Performance Data Transparency and Utilization</li> </ul>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Health Neighborhood Development</li> <li>• Practice Support and Transformation</li> <li>• Care Coordination and Condition Management</li> </ul>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Behavioral Health Care Coordination for Corrections-involved Members</li> <li>• System Alignment between Crisis Services and RAEs</li> <li>• Other behavioral health concerns: Continuously track and monitor potential behavioral health concerns within the ACC</li> </ul>
<p><b>Co-Chairs:</b> Bethany Pray and David Keller</p>	<p><b>Co-Chairs:</b> Anita Rich</p>	<p><b>Co-Chairs:</b> Daniel Darting and Sue Williamson</p>
<p><b>Staff:</b> Liana Major</p>	<p><b>Staff:</b> Brooke Powers</p>	<p><b>Staff:</b> Jeff Appleman</p>



## COLORADO

Department of Health Care  
Policy & Financing

**Subcommittee:** Behavioral Health and Integration Strategies

### Meetings Held:

- 5/6/2020
- 6/3/2020
- 8/5/2020
- 9/2/2020

### Objectives Discussed

- **Crisis Service System**
  - Level setting on both systems
  - Develop collaboration points
  - RAEs presented on their interactions with the Crisis System
- **DOC**
  - Reviewed initial data from the HCPF
  - Began discussion on racial and gender disparities identified through data
  - Creating a safe space to address inequalities

### Progress Achieved:

- BHIS has had several conversations around how to create system alignment between the RAEs and the Crisis Service System. Through those conversations, we have identified points of collaboration that helped create an outline for potential recommendations. BHIS will continue to explore the following areas to develop formal recommendations to PIAC:
  - Align performance metrics between both systems
  - Member communications and follow up
  - Data sharing
  - Routine meetings between both systems

### Barriers Encountered:

- Since there is a delay in receiving data from claims, it's difficult to see current RAE performance on the DOC metric.
- Understanding the role of this subcommittee when discussing health and racial inequalities.
- Clarification on the type of recommendations PIAC would like to see regarding the DOC metric.

### Next Steps:

- Last month BHIS lost a voting member so we will work to recruit another person for this role and complete their onboarding. Our goal is to have a person selected before our October 7<sup>th</sup> meeting.
- Continue to develop formal recommendations on the alignment between the RAEs and the Crisis Service System.
- Review DOC metric data at least quarterly to determine if any adjustments should be made to the metric.
- Continue to provide a safe space to discuss the health and racial inequalities we identify through the DOC data.
- Continue to work with HCPF leadership on potential behavioral health concerns within the ACC.