



**To:** Program Improvement Advisory Committee  
**Cc:** Kiara Kuenzler  
**From:** Sue Williamson and Daniel Darting  
**Date:** December 9, 2020  
**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> Joanna Martinson and Kathie Snell</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> Matt Pfeifer</p>



## **COLORADO**

Department of Health Care  
Policy & Financing

**Subcommittee:** Behavioral Health and Integration Strategies (BHIS)

### **Meetings Held:**

10/7/20

11/9/20 (Smaller group discussion focused on crisis services)

12/2/20

### **Objectives Discussed:**

Crisis Service System:

- Focused workgroup discussion on 11/9/20.
- Workgroup reported to larger group for ongoing discussion

Behavioral Health Task Force Implementation (BHTF):

- BHIS received an update from the taskforce
- Key points include the proposed Behavioral Health Authority, telehealth, legislation and funding
- 19 additional recommendations

Residential Treatment for Substance Use Disorder Benefit Expansion

- HCPF implementation team provided overview and updates
- Potential topic for continued updates, performance monitoring, and support

### **Progress Achieved:**

- A smaller group of interested BHIS participant had a more extensive discussion focused on crisis services access for Medicaid members on 11/9/20. The focus was continuing to encourage effective focus on member communication, metric alignment, and data sharing. Some potential recommendations have developed. These include:
  - Regular meetings between RAEs and ASOs
  - Duplicating existing initiatives
  - Engaging with Behavioral Health Task force implementation work.
- BHIS participants have an increased understanding of statewide initiatives such as the BHTF and Medicaid SUD treatment benefit expansion.
- Matt Pfeifer is now the HCPF liaison to BHIS due to Jeff Appleman's departure.

### **Barriers Encountered:**

- It is important to develop recommendations that find the right combination of being aggressive, realistic, within scope and concrete.
- Regional variation in terms of ASO/crisis services organizations and metrics adds complexity.

### **Next Steps:**

- Continue to develop formal recommendations on the alignment between the RAEs and the Crisis Service System.
- Continue to monitor DOC metric and contribute to performance improvement efforts.
- Continue to provide a safe space to discuss the health and racial inequalities we identify through the DOC data.
- Engage with BHTF implementation especially in terms of alignment between Medicaid and a Behavioral Health Authority.
- Continue to monitor the extended SUD benefit implementation and contribute to performance improvement efforts.
- Continue to work with HCPF leadership on potential behavioral health concerns within the ACC.