COLORADO
Department of Health Care Policy & Financing

Minutes of the Behavioral Health Hospital Engagement Forum

Virtual Attendance Only

December 8, 2023
10:00 A.M. to 11:00 P.M.

1. Call to Order

Amy Luu called the meeting to order at 10:01 a.m.

2. Welcome and Introductions

The following were in attendance:

Alisha Poole (Children's Hospital Colorado), Amy Austin (HCPF), Amy Luu (HCPF), Anna Hard (CCHA), Ashley Ballard (Diversus Health), Ashley Murphy (RMHP, RAE 1), Becky Forney (Memorial Regional Health), Brad Sjostrom (AdventHealth Porter Hospital), Brittany Briggs (Children's Hospital Colorado), Camila Joao (CCHA, RAE 6 and 7), Ceira Reeder (Vail Health), Chellie Voss (BHA), Dan Panzarella (Delta Health), Eric Northrop (FEI Systems), Jillian Rivera (CCHA), Julie Malone (Spanish Peaks Regional Health), Kari Snelson (NHP, RAE 2), Kimberly Goodrich (Vail Health Behavioral Health), Lexis Mitchell (HCPF), Lori Crawford (Maximus), Marcelle Urner (Spanish Peaks Regional Health Center Walsenburg CO), Margaret White (San Luis Valley Health), Matthew Wilkins (CCHA, RAE 7), Melissa Rapp (Intermountain Health), Michaela Smyth (RAE 2), Michelle Blady (CCHA), Mona Allen (Health Colorado, RAE 4), Renay Crain (Kiowa County Hospital District), Ryan Bush (Vail Health), Sarah Salky (West Pines Behavioral Health Hospital)

3. Care Coordination with Members Discharging from Emergency Departments with Substance Use Treatment Service Needs

Jennifer Holcomb facilitated this discussion. The goal of this discussion is to understand the care coordination process of members admitted into the Emergency Department (ED) with substance use treatment service needs in an attempt to reduce individuals not getting connected to or engaged with ongoing treatments causing them to return to EDs.

There was a discussion about the members that go to an ED with a substance use disorder (SUD) condition and how members are connected to services post-ED including what happens in situations when a Release of Information is not obtained, what has worked well and some of the challenges.

A hospital noted that building relationships with local partners and creating contact points has been found to be most effective. When a service is denied for a patient, the provider may contact the facility as there is sometimes a disconnect between leadership and staff with placement. When this hospital has experienced difficulties with finding placement for patients who also have a psychiatric diagnosis, they have reached out to their Regional Accountable Entity (RAE) for assistance; however, they do not have a lot of experience in working with their RAE. HCPF staff shared that for the Hospital Transformation Program (HTP), there's a measure where hospitals have the intentionality to work with their RAE on what the discharge process of anyone with a diagnosis of behavioral health is, which includes mental health and SUD. HTP is just now getting into year three and hospitals have been working to implement this for the past 2 years. It's wanted to be able to use what is learned from this program to look at what interventions are working at what hospital and in which areas. Additionally, as a part of HTP there are a number of hospitals implementing screening, brief intervention and referral to treatment (SBIRT) in their EDs and Peer Assistance Services have been a great partner in helping provide guidance and technical assistance to hospitals working to put that in place. Also, the RAEs are being notified if there is a Medicaid member in the ED and if they have a behavioral health diagnosis, though it may not always be timely. A clarification was provided by a RAE to differentiate between the crisis system and care coordination. When a Medicaid member who is experiencing crisis is in the ED and needs to be transferred to withdrawal management, a higher level of care or inpatient psychiatric, the crisis system would be utilized and then care coordination would be utilized throughout the member's journey of care. Lastly, for less severe SUD situations, a hospital can contact their local partner (who has a contract with the hospital to evaluate and place patients) who can send a peer up to meet and discuss options and get them set up with services.

There was a discussion about what is done in a situation when a release of information (ROI) cannot be obtained. A RAE has had individuals in a facility that have identified the need for additional care but have not been willing to sign a release to allow for information to be shared and the question is what hospitals do at this point. Some individuals do not want to be linked to care. In response from a hospital, emergency departments have tried to build a quick rapport with patients in moments of crisis but there is no formal process used. In situations for when a patient is on an M1 hold or are in for involuntary treatment are leveraged, as an ROI is not needed.

There was discussion about some successes. A RAE shared that with alcohol use disorder referrals that are caught, there is an attempt to have a case manager connected prior to discharge to see if this could help increase outcomes and supporting individuals where they're at. For instance, when treatment is wanted, they attempt to catch the referral and to reach out. A hospital in Delta noted that they contract with Integrated Insight, who now have a primary care provider as

well, for their clinicians, peers and licensed clinicians to come in and evaluate a patient. A majority of times they reach out to have a peer sent to the hospital which has worked very well as the peer has been very relational. A warm hand off has been much more beneficial than a provider informing an individual about available services and setting them up with a primary care provider. When there aren't many resources available, it has been helpful to develop partnerships. Currently, there is no specific standard requirement with credentialing for hospitals that choose to employ peers unless for a peer working in a Recovery Support Service Organization. There is no Medicaid requirement for certification because there is no uniform standard for certification. For any questions, the central peers inbox may be reached at hcpf_peerservices@state.co.us. There are a variety of grants out there looking to expand this workforce.

The challenges faced by hospitals in getting members discharged out of EDs was discussed. A case management agency that works with individuals with disabilities, has noticed that they are having difficulty with providers accepting these members. There was an instance where voluntary treatment was not possible as no one was willing to serve a particular individual. The issue has been with the lack of available beds or a provider not accepting an individual with an intellectual and developmental disability (IDD) as they've been perceived as not being able to actively participate in treatment. These individuals cycle back into the ED because they do not receive the care they need. Individuals with a co-occurring diagnosis has included elders with dementia; individuals with traumatic brain injury, IDD or another behavioral health diagnosis; or a minor medical condition, such as a urinary tract infection. It was noted that there is a massive gap in services. A provider has experienced that most behavioral health or SUD facilities will decline to accept a patient with a co-occurring diagnosis. A hospital noted that they've been having internal discussion about patients with co-occurring diagnoses about trying to get them discharged safely as it's been very difficult for them. It's wanted for this to be on HCPF's radar. A response was provided for the hospital to connect with the RAE to get members to an appropriate placement. A RAE commented that they have a care management team that is available to assist with these complex cases. Some of the RAEs have a referral form and in which a link that can be shared with the hospitals. A hospital shared that a RAE has been doing well in reaching out to hospitals in the area and noted that daily outreaching to the hospitals has helped this hospital with identifying resources in inpatient. A hospital works with the RAE to get members connected to resources that is closer to their home. The thought is that it may be a challenge on the ED side as patients are leaving the ED on a much shorter time frame. It has been helpful for the RAE to provide daily outreaching for members in inpatient, and the question is how these same efforts can be done for members in the ED. The extra layer of support has been helpful. A hospital noted that a culture shift has been seen as more work place violence instances against hospital staff has been occurring. It was wanted to highlight the layer of intensity of these situations. A RAE noted when an ROI is

not received, they tend to speak in general terms with hospitals and sharing general resources without the release of any Protected Health Information. It has required a RAE to be creative in these situations. A hospital commented that it would be helpful for resources to be shared with the EDs, specifically Medicaid members. While the connection between the hospitals and the RAEs would be helpful to see more of, it is also wanted to recognize the connection for members. It was shared that a Medicaid member has shared that they were told to connect with their outpatient provider for resources, in which the outpatient provider did not provide the member with any resources or other options for care. A RAE commented that notifications about a Medicaid member admitted for SUD into the ED have been sent to the RAE. The RAE additionally noted that they are in the process of branding and providing contact information, specifically care coordination, and are hoping to expand on this.

For any questions about peers, you may reach out to HCPF's central peer inbox at hcpf_peerservices@state.co.us. The goal moving forward for HCPF is to work further on developing standardized policies to address this need. Any further questions or comments on this topic may be shared with HCPF's SUD inbox at hcpf_sudbenefits@state.co.us.

4. Wrap Up and Housekeeping

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at sandra.grossman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.