



## Meeting Minutes Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

December 4, 2024, 9:00 AM - 10:30 AM

### 1. Introductions

#### Facilitators:

- Daniel Darting Signal Behavioral Health
- Lexis Mitchell Health Care Policy & Financing (HCPF Liaison)

#### Voting Members:

- Monique McCollum Parent of Special Needs Children on Medicaid
- Deb Hutson Behavioral Health Administration
- Charles Davis Crossroads' Turning Points, Inc.
- Marisa Gullicksrud Child First
- Elizabeth Freudenthal Children's Hospital Colorado
- Amanda Jones Community Reach Center
- Thomas Keller Medicaid Member
- Nina Marinello SCL Health
- Monica Lintz Denver Health

### 2. Housekeeping

Lexis Mitchell calls the group to approve the October 2024 BHIS minutes. Amanda Jones motions to approve; Marisa Gullicksrud seconds. Committee members voted to approve the October 2024 minutes. There are no objections. There are no abstentions. October 2024 meeting minutes are approved by voting members.



The January BHIS meeting falls on January 1 and must be rescheduled. The committee discussed and decided to cancel the January meeting. If there are urgent updates for the committee to weigh in on in January, committee members will be outreached to find a time to meet in January.

### 3. Behavioral Health Administration (BHA) Behavioral Health Administrative Service Organizations (BHASOs) Overview

Kayla Martin, BHA, presented on overview of the Behavioral Health Administrative Service Organizations (BHASOs).

- BHASOs will administer regional networks of safety net providers including comprehensive providers to provide mental health treatment, substance use treatment, crisis services, and care coordination in the same regions that will be used for ACC Phase III.
- Individuals will be able to engage with their BHASO as the clear accountable party responsible for their care, not struggling to navigate different systems for substance use, mental health, or crisis needs.
- BHA will provide structure, standards, guidance to BHASOs, drive coordination and collaboration between state agencies and BHASOs to address the behavioral health needs of all Coloradans, coordinate standards of care, set access and quality metrics, address any system-level challenges, and support and respond to any needs from the BHASOs.
- BHASOs will help individuals and families connect to BH care and ensure timely access to service, consolidate MSOs, ASOs, and services offered by CMHCs, establish and maintain a continuum of BH safety net services...
- The selected BHASO vendors are Rocky Mountain Health Plans for region 1, and Signal Behavioral Health Network for Regions 2, 3, and 4. Vendors were selected in the Fall of 2024, network development will begin in January 2025, and the BHASOs will launch on July 1, 2025.
- How will community members and community organizations be made aware of the services and supports provided by the BHASOs?
  - The BHA has a communications team that is working hard to implement their communication plan and spread awareness of the BHASOs and the services they will provide.



- The committee shared feedback that as BHASOs and the ACC Phase III near implementation, there is a need for a shared forum to bring partners together who are working in this space.
- What will be the timeline and process for contracting and coordinating with comprehensive providers?
  - Dependent on the state budget and the JBC. Contract negotiations will likely occur between February and July.
- What will community feedback loops look like?
  - Community feedback is built in formally to the BHASO system. BHASOs will be advised by community member groups with a set membership and formal meeting structure with specific areas of interest for the groups to look at.
    - There was feedback offered that additional feedback loops with a direct line to community members are needed.
- The committee shared concerns about the rising uninsured populations and how to protect the populations of Colorado that may be vulnerable as a result of future policy decisions and ensuring access to care.
  - The BHA has a dedicated community engagement division with community liaisons who live in each region and are embedded in the communities they represent. [Meghan Shelton](#) leads this division and is a great contact if there are ideas about how BHA can be more involved and help link people to care.
- The BHA website has a section title “[For People in Colorado](#)” where community members can go to get access to services and resources. The website will continue to be updated leading up to the launch of the BHASOs on July 1, 2025.
- There were comments from the committee that it will be important for the BHASOs and the BHA to make connections with schools and FQHCs in their communities to increase awareness of available services.

#### 4. Care Coordination

Lauren Landers, HCPF, presented on Care Coordination for Accountable Care Collaborative (ACC) Phase III.

- There will be a tiered approach to care coordination in ACC Phase III.
  - Tier 1 - Preventive Health Promotion: proactive and responsive interventions that assist Members in accessing evidence-based preventive care services as well as support for health-related social



- needs.
  - Tier 2 - Condition Management: Interventions to ensure Members with diagnosed conditions receive appropriate services to improve health outcomes and prevent disease progression.
  - Tier 3 - Complex Care Management: Longitudinal, evidence-based, and proven programs involving multi-disciplinary care approaches to maintain or improve Member health.
- Tiers are currently being negotiated with the RAEs but will be consistent across RAEs and the regions they serve to ensure standardization and ability to monitor this work across the state.
- The intent of the tiers and increase care coordination requirements in ACC Phase III is to ensure Members are receiving adequate support and communication, while not removing Member choice or overburdening providers. These are active negotiations between the RAE vendors for ACC Phase III and HCPF.
- Monitoring has been built into this model to increase focus on prevention and ensuring increased touchpoints for Members who have rising risks or increased healthcare needs.
- RAEs will be expected to develop a network of Community-Based Organizations (CBOs) that they can partner with to identify Members in need of additional supports to engage them in care coordination. Referrals from CBOs that result in connections to care coordination will be tracked closely in the first year of ACC Phase III to identify areas of additional improvement moving forward.

## 5. Open Discussion

Daniel Darting invited the committee to share any additional questions or topics they'd like to discuss.

- Charles Davis requested more information on outcome information that will be used to inform ACC program design moving forward.
- There was a request to have additional conversations about alignment of care coordination efforts between the BHA and HCPF moving forward into ACC Phase III and the go-live for the BHASOs.
  - BHASOs and RAEs will have Memorandums of Understanding that will provide structure for coordination between the two entities for members who are receiving care coordination or receiving services from both entities.



## 6. Wrap Up and Next Steps

The January BHIS meeting is likely to be cancelled based on feedback from committee members. If there are any urgent items the committee must meet to discuss in January, outreach will occur to identify an alternate time to meet, as the January meeting falls on a holiday.

The February BHIS meeting will occur on February 5, 2025 at 9:00AM.

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