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

Virtual Meeting

September 6, 2023, 9:00 AM – 10:30 AM

1. Introductions

Facilitators:

- Sue Williamson — Children's community advocate
- Lexis Mitchell — Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Charles Davis — Crossroads' Turnings Points, Inc.
- Tom Keller — Statewide PIAC
- Elizabeth Freudenthal — Children's Hospital
- Monique McCollum — Parent of special needs children on Medicaid
- Taylor Miranda Thomas — Colorado Community Health Network (CCHN)
- Amanda Jones — Community Reach Center
- Deb Huston — Behavioral Health Administration

Other Attendees: Amy Ferris, Andrea Alvarez, Andrea Loasby, Angie Hedgepeth, Ashleigh Phillips, Austin Fearn - Aponte-Busam, Bob Dyer, Brandon Arnold, Cathy Michopoulos, Charles Davis, Christine Olivas, Courtney Holmes, Cris Matoush, Doug Muir, Elise Neyerlin, Emilee Kaminski, Emily Holcomb - HCPF, Erin Herman - HCPF, Frank Cornelia, Gina Cacciatore, Gina Stepuncik, Janet Rasmussen, Clinica Family Health, Jennifer Holcomb - HCPF, Jillian Rivera, John Laukkanen - HCPF, Kara Gehring - HCPF, KaraLea - COA, Katherine Sanguinetti - DOC, Katie Lonigro - HCPF She, Her, Katie Lonigro - HCPF She, Her's Presentation, Kelli Gill, Kelly Kropf, Kendra Neumann, Kim B, Krista Anderson, Krista Cavataio, Laura Don, Laurel Karabatsos, Lili Carrillo, Lisa Pulver, Lori Roberts, Marisa Gullicksrud | Child First | IIK, Matthew Pfeifer - HCPF

He, Him, Matthew Sundeen - HCPF, Megan Lujan, CCHA, Mel Ruiz, Meranda Carpenter, Michelle Blady, Milena Castaneda - CCLP, Mona Allen, Nancy Mace - HCPF, Nora-Summit, Rachael Porter, Raina Ali, ReNae Anderson, Ryan Larson, Sandra Wetenkamp - HCPF, Sara Gallo, Saskia Young, Scott Donald, Sherrie Bedonie, Sophia, Stacey Samaro, Suzanne Kinney, Tina Gonzales, HCI, Tina McCrory, Travis Runnels, Warren Kolber

2. Housekeeping

Lexis Mitchell calls the group to approve the August 2023 BHIS minutes. Sue Williamson motions to approve; Deb Huston seconds. There are no objections or abstentions. August 2023 meeting minutes are approved by voting members.

Behavioral Health related items at PIAC

- There was a discussion regarding ACC Phase III concepts. PIAC meeting materials are posted on the HCPF website.

Covid-19 Updates:

- The Public Health Emergency (PHE) ended May 11, 2023
- The next PHE webinar is October 25, 2023, 1:00-2:30. Register here.
- More information is available on the HCPF website.
- Brief overview of the Member renewal process.

3. Department of Corrections (DOC) Metric – Matt Pfeifer, HCPF

Matt Pfeifer (MP) provided an update on the DOC metric.

- Definition: Percentage of members releasing from a DOC facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen days.
- MP clarified that Hispanic Latino is considered non-white for this metric

4. Accountable Care Collaborative (ACC) Phase III Concept Paper-Katie Lonigro and Matt Sundeen, HCPF

Matt Sundeen (MS) and Katie Lonigro (KL) led a discussion with the committee regarding Phase III Concepts. Committee members asked questions and provided feedback.

Stakeholder feedback on ACC program

- What's working well: Majority of members are getting the care they need; providers engaged with RAEs appreciate resources and support; regional model acknowledges that different parts of Colorado have different needs; care coordination for those who are actively engaged; existing member engagement councils.
- What needs improvement: Process and administrative barriers; inconsistency across 7 regions; alignment with other entities in midst of statewide changes; care capacity and access to Services for children and youth.

Goals for ACC Phase III

1. Improve quality care for members.
    - Aligned clinical quality strategic objectives
    - Standardize incentive payment measures
    - Standardized children's benefit
    - Children and youth intensive care coordination
    - Behavioral Health Transformation
    - Standardize incentive payment measures
    - Improve follow - up and engagement in treatment for mental health and substance use disorder by 20%
    - Implement programs for children with highest acuity and multi-agency involvement.
    - Implement behavioral health transformation efforts
2. Close health disparities and promote health equity for members.
    - Implement existing regional health equity plans

- Use equity-focused metrics
- Equity requirements for RAEs
- Explore expansion of permanent supportive housing services
- Explore providing food related assistance and pre - release services for incarcerated individuals
- Leverage social health information exchange tools

3. Improve care access for members.

- Clarify care coordination roles and responsibilities
- Create tiered model for care coordination
    - Looking at this three-tiered model for adults and we will call out specific characteristics for children to address unique their needs
    - The purpose of this model is to create greater clarity of the activities available to members at each level.
    - incorporating some important lessons learned from our American Rescue Plan Act projects
- Strengthen requirements for RAEs to partner with community-based organizations (CBOs)
- Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation).
- Create a 3 - tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

4. Improve the member and provider experience.

- Enhance Member Attribution process to increase accuracy and timeliness
- Increase the visibility of and clarify role of the RAE.
    - Members express confusion about who their RAE is.
- Reduce administrative burden on providers through behavioral health transformation efforts

- Reduce total number of regions

5. Manage costs to protect member coverage, benefits, and provider reimbursements.

- Improve administration of behavioral health capitation payment
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

BHIS committee members asked questions and provided feedback:

What percent of annual births in the State are Medicaid members and/or uninsured people?

A: 43% of births in the State are Medicaid members.

Are there additional funds being provided in the Phase III contract to help with these SDOH issues? This is a larger issue than what healthcare can fix unfortunately.

A: The current RAE contracts have interaction with the health neighborhood, and this would be an expansion on that. Largely, this is about how we're asking the RAEs to interact with their communities.

Some of the work that we talked about with exploring continuous coverage and additional food related assistance is part of House Bill 23-1300, which requires the Department to perform a study to understand the ways that we can support these health-related social needs supports and present that to the legislature. Some of what will go into the contracts.

Three of the metrics seem to be about improving the pediatric or the primary care medical home. This can be hard to meet for all the reasons that we've discussed throughout Phase II and APM conversations but what other kind of robust infrastructure building measures can ACC Phase III take or can HCPF take in ensuring that primary care medical homes can be more effectively integrated, and RAE data can be timely enough to meet these goals?

A: We are working to make improvements on data being shared by providers with the RAEs to help manage our members and the needs of our members.

- Letting RAEs know when members are ready to discharge from a hospital environment.
- Data feeds that go from the hospitals that are shared with the RAEs that can be utilized to help with that discharge planning.
- There is a lag period for when we get data. It can take 6 months to get encounter data from RAEs. This is all figured into their performance metrics.
- The responsibility is for a RAE to provide certain services within a timely manner or a certain amount of time. Part of our emphasis on expanding and enhancing our network is to make sure that members aren't having to wait for services. RAEs should not have waiting lists. It's the RAE’s responsibility to make sure members are getting services

- A commenter noted It can be very hard to meet the timeliness component of behavioral health metrics because of the inadequate, provider network, and long waiting lists, in addition to some difficulties in just reaching families, patients and families after discharge.
- A comment was made regarding attribution: With attribution being taken away I am concerned that there's going to be more effort spent trying to just get that patient in the door. There will be more marketing dollars and more practice efforts to get that patient in the door to just get that per member per month then trying to outreach for awareness purposes. I think that is difficult for the RAEs because they're responsible for getting access to care, but you're taking away that accountability that everyone has to care for their patients. If the goal is access to

care, then what I would love to see a metric that is focused on how many of those non-utilizers were engaged to be utilizers in the sense that they were receiving preventive care and oral health.

- A participant commented that if RAEs and providers continue to share responsibility for members, the roles and payments need to be extremely clear so that each entity gets paid appropriately for their own work. I'd also like to be sure that payments are similarly clarified and that coordination payments to primary care medical homes are included in your standardization efforts.

- A comment was made in the chat: Currently, new BH screening tools, especially for trauma, are hard to bill because RAEs and HCPF disagree about which system should pay for them. Requested to have a focused conversation about this.

The ACC Phase III concept paper is available on the HCPF website.

There are multiple ways to learn more and provide feedback on the ACC Phase III concepts discussed today.

- ACC phase III public meeting schedule and materials from past presentations can be found here.

- All are encouraged to share feedback on any of the ACC Phase III topics presented.

Upcoming public feedback meetings:

- **All providers welcome (including specialists, hospitals, etc.)**: Tuesday, September 26 from 8:00 a.m. to 9:30 a.m. | Registration Link

- **Health First Colorado Members ONLY**: Thursday, September 28 from 5:00 to 6:30 p.m. | Registration Link

5. Wrap up and next steps (HCPF)

The next BHIS meeting is October 4, 2023