

**Accountable Care Collaborative
Program Improvement Advisory Committee
Behavioral Health and Integration Strategies**
Charter

Preface: This Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC) Subcommittee is part of a larger PIAC Community and will adhere to the following vision, mission, purpose, and guiding principles.

PIAC Community Vision: A health care system that improves member health outcomes by supporting providers, engaging members, advancing equity, decreasing avoidable costs, and increasing overall value.

PIAC Community Mission: 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 following objectives:

1. Join physical and behavioral health under one accountable entity;
2. Strengthen coordination of services by advancing team-based care and health neighborhoods;
3. Promote member choice and engagement;
4. Pay providers for the increased value they deliver; and
5. Ensure greater accountability and transparency.

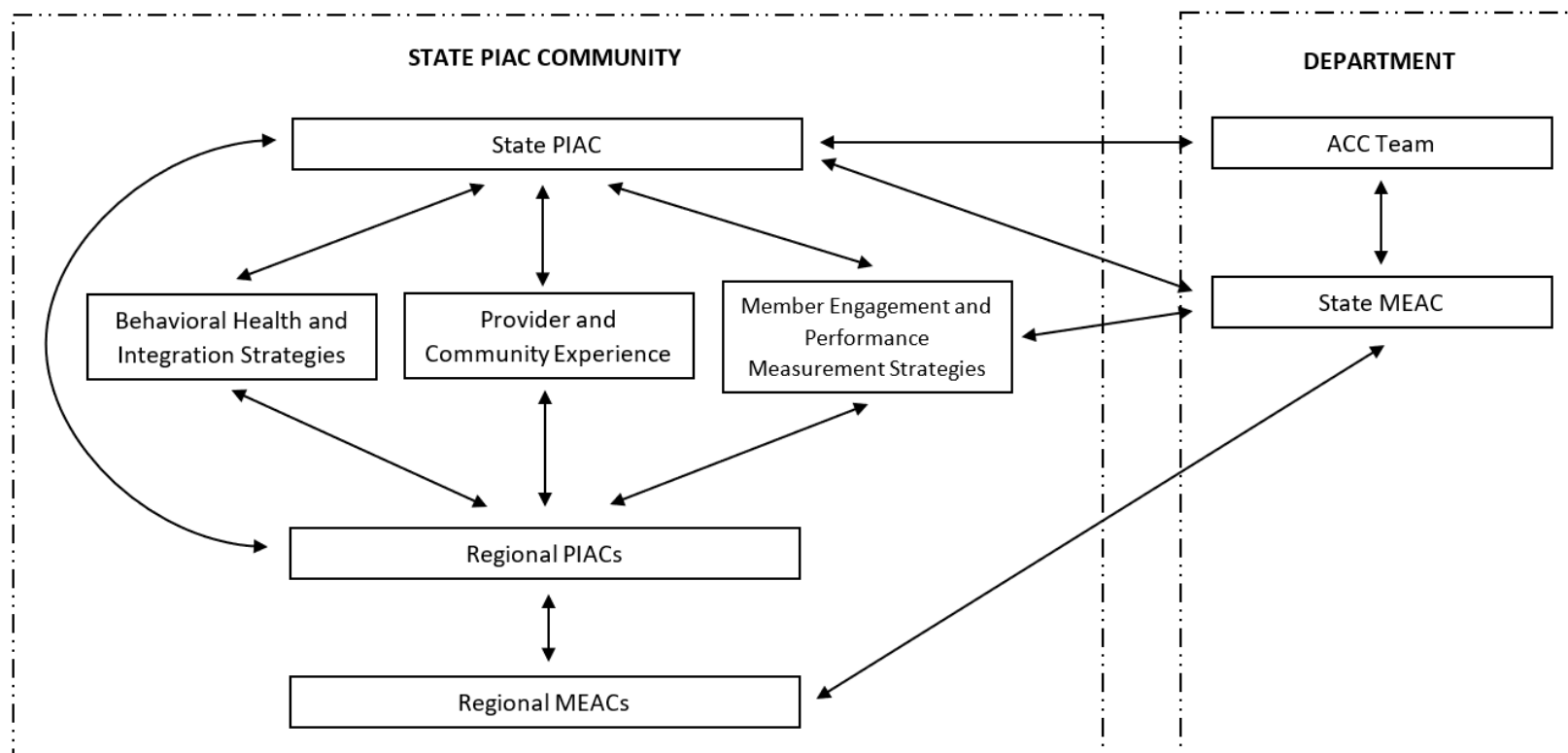
PIAC Community Purpose: The State PIAC will leverage the experience and expertise of the broader PIAC Community to improve member health outcomes with the ACC by providing actionable and strategic feedback to the Department regarding ACC implementation and operations.

PIAC Community Guiding Principles: The following list is a set of core guiding principles that the PIAC Community embraces as keys to success. PIAC Community members will strive to promote and operate from these principles.

- Ensure Health First Colorado (Colorado's Medicaid Program) members are a part of every conversation;
- Create an inclusive and actionable conversation to discuss the diverse experiences of the ACC;
- Ground every conversation in performance data related to operational and performance outcomes of the ACC;
- Identify and communicate best practices and continued challenges;
- Ensure accountability and transparency of the Department and its RAEs; and
- Align with other Department committees, initiatives, and their respective work.

The event that caused this PIAC Community to be established: The State PIAC was formed in 2012 by the Department to advise on the implementation of the ACC. Upon implementation of ACC Phase II, a new State PIAC was seated in October 2018 to reflect the evolving needs and vision of the ACC.

PIAC Community Framework: Below is a visual of the State PIAC Community and the relationships between its internal components. Each component will adhere to the vision, mission, purpose, and guiding principles of the PIAC Community and will reflect the respective communities that it serves.



PIAC Subcommittee Purpose: 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, by improving foundational understanding of behavioral health issues, benefits, and services, including substance use disorders, by ensuring care coordination and continuity across benefits, and by identifying the barriers to accessing behavioral health including but not limited to gaps in care and stigma(s) related to treatment.

PIAC Subcommittee Strategy Screens: In order to identify and address specific criteria of the subcommittee's charge, the subcommittee will look at specific populations and their lived experiences within the ACC. These populations will include but not limited to:

- Members who are diagnosed with both a mental health disorder and an intellectual developmental disability (IDD).
- Pediatric members, including those who are involved in Foster Care.
- Geriatrics members.

Any subsequent subcommittee objectives, processes, and products must demonstrate the inclusion of each of these screens. For example, the subcommittee must demonstrate in its operations how the execution of its charge advances health equity and how it affects specific populations within the Health First Colorado membership.

PIAC Subcommittee Objectives: The subcommittee has identified the following specific topics to investigate and discuss in order to carry out its charge.

1. Department of Corrections (DOC): Develop recommendations for care coordination and care continuity for behavioral health services during re-entry for corrections-involved members.
2. Crisis Services: Develop recommendations regarding the implementation and alignment of the crisis service system and the RAEs, specifically at the intersection of justice, primary care, and education systems.
3. Other behavioral health concerns: Continuously track and monitor potential behavioral health concerns within the ACC.

PIAC Subcommittee Process: The subcommittee's process will include:

- The aggregation of qualitative data from RAEs, providers, community leaders, subject matter experts, and members.
- The aggregation of quantitative data from key performance indicators, behavioral health incentive measures, performance pool measures, public reporting measures, and RAE contract deliverables.
- Review state legislation to determine the impact it enforces on Health First Colorado members and the statewide behavioral health system.
- Develop recommendations based on the aggregated data and analysis through the appropriate strategy screens.
- Produce written work products that documents and summarizes the analysis and provides actionable recommendations for improved delivery system performance.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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PIAC Subcommittee Products: Final work products can include operations and performance guidance as well as recommendations outlining content including but not limited to established best practices, continued challenges, emerging areas for improvement, and opportunities for alignment. All final work products should propose solutions, next steps, measures for success, and timelines for follow-up. All final work products will be delivered on time to ensure the state PIAC and the Department meet any set deadline.

PIAC Subcommittee Logistics: The subcommittee will meet on the first Wednesday of each month. The meetings will be held from 9:00-10:30 am at the Department of Health Care Policy and Financing (303 E 17th St. Denver CO). Each meeting will have a call-in option listed on the agenda.

Appendix 1. Membership

This subcommittee will have 9-13 voting members who reflect the diversity of the system and membership, including but not limited to: members, physical and behavioral health providers, advocacy groups, urban and rural perspectives, different ethnic groups, and system-level personnel.

Chair(s):

Daniel Darting, CEO Signal Behavioral Health Network

Co-Chair(s):

Sue Williamson, Executive Director CCHAP

Voting Membership:

Name	Organization	Position	Region
Dr. Victoria Allen-Sanchez	Community and Public Health Division	Behavioral Health Coordinator	Region 7 – El Paso
Stacey Delisle	A Kidz Clinic	Executive Director	RAE 1
Mary Dengler-Frey	Southwestern Colorado Area Health Education Center	Regional Health Connector	Region 1 Southwest
Daniel Darting (Chair)	Signal Behavioral Health Network	CEO	Statewide
Heidi Haines	The Arc of Colorado	Director of Advocacy	Statewide
Camille Harding	CDHS	Division Director- Community Behavioral Health	Statewide
Terri Hurst	Colorado Criminal Justice Reform Coalition	Policy Coordinator	Statewide
Thomas Keller	Medicaid Member		Denver and RAE 1

Heidi McMillan, MD	Pediatric Partners of the Southwest	MD	RAE 1 - Durango
Tammy Phillips	Larimer DHS	Senior Social Caseworker	Region 1 – Larimer
Stephanie Salazar-Rodriguez	Mile High Health Alliance	Director of Community Engagement	Region 5 - Denver
Sue Williamson	CCHAP	Executive Director	Statewide

Ex-officio member:

Heather Salzar – Department of Corrections

Membership Processes:: The PIAC Behavioral Health and Integration Strategies Subcommittee chair(s) will solicit volunteers for voting membership. If there are not enough volunteers to adequately represent each required voting category, the subcommittee chair(s) will recruit members via formal invitation. If a voting member can no longer serve or is temporarily unable to serve on the subcommittee or does not attend the required number of meetings, the subcommittee chair(s) will appoint a replacement voting member with feedback from both subcommittee participants and voting membership.

Membership Terms: The subcommittee has listed out the following responsibilities for each voting member:

- Voting members will be responsible for participating in conversations around the selected objectives.
- Voting members will be responsible for providing input and feedback on work products that are developed within the subcommittee.
- Voting members will be responsible for attending at least seventy-five percent (75%) of meetings held during the year.