COLORADO
Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

Behavioral Health and Integration Strategies PIAC
January 6, 2020
Meeting Minutes

Introductions:

- **Facilitators:**
  - Jeff Appleman: Dept. of Health Care Policy & Financing
  - Daniel Darting: Signal Behavioral Health Network (*Chair)*
- **Voting Members (In Person):**
  - Sue Williamson: Colorado Children's Health Care Access Program
  - Camille Harding: CDHS: Office of Behavioral Health
  - Deb Barnett: Connecting Points Advisory Services, LLC

- **Voting Members (Phone):**
  - Stephany Salazar-Rodriguez: Mile High Health Alliance
  - Dr. Vicky Allen-Sanchez: Colorado Springs FD
  - Tammy Philips: Larimer DHS
  - Heidi McMillan: Pediatric Partners of the Southwest
  - Mary Dengler-Frey: Southwestern Colorado Area Health Education
  - Tom Keller: (Region 1 MEAC & PIAC, Statewide PIAC)
  - Heidi Haines: ARC of Colorado
  - Stacee Delisle Executive Director – A kidz clinic
- **In Person (Non-Voting Members):**
  - Krista Cavataio: RMHP (RAE 1 & Crisis Services for RAE 1)
  - Ryan Larson: Colorado Access (RAE 3 & 5)
  - Lila Cummings: Colorado Hospital Association
  - Clay Cunningham: Community Reach Center
  - Gelissa Garcia Diaz: Colorado Community Health Alliance (RAE 6 & 7)
  - Pat Cook: Colorado Gerontological Society
  - Julissa Soto: Servicio de la Raza
  - Brian Stanedly: Creative Treatment Options, Inc
  - Elizabeth Holden: Colorado Community Health Alliance (RAE 6 & 7)
  - Moses Gur: Colorado Behavioral Healthcare Council
  - Candy Wolfe: Creative Treatment Options

- Allison Newitt:
- Heather Salazar: Rocky Mountain Cancer Centers
- Alyssa Rose: Beacon Health Options
- Allison Romero: Mile High Behavioral Healthcare
- Gary Montrose: Healthcare Consultant
- Tammy Walsh: Creative Treatment Options, Inc
- Johanne Doherty: Kaiser Permanente
- Doug Hainley: Department of Human Services
- Chelsea: SCL Health
- Lisa Harrison: Healthcare Management Administrators
- Tracy Johnson: Dept. of Health Care Policy & Financing
- Heather: Colorado Department of Corrections
- Ben Harris: Dept. of Health Care Policy & Financing
- Amanuel Melles: Dept. of Health Care Policy & Financing
- Melissa Eddleman: Dept. of Health Care Policy & Financing
- Brett Snyder: Dept. of Health Care Policy & Financing
- Jenna Kapp: Dept. of Health Care Policy & Financing

- **Call-In:**
  - Karl Brimner: Behavioral Health Consultant
  - Kailey Meardon: Southeast Health Group
  - Kyle Legleiter: Colorado Health Foundation
  - Nicole Konkoly: RMHP (RAE 1 & Crisis Services for the same region)
  - Candace Wolf: Creative Treatment Solutions
  - Deb Chandler: Mathews-Vu Medical Group
  - Keith Brown:
  - Alan Girard: Front Range Health Partners
  - Stacy Allen
  - Tina McCrory: Beacon Health Options
  - Mark Davidson: Colorado Learning and Behavior Group
  - Ashley Philips: Centura Health
  - Kevin Porter: AspenPointe
  - Jani Walter:
  - Brandon Wart: Mental Health Center of Denver
  - Amanda Wade: San Luis Valley Health
  - Laura Dawn: Tri-County Health Dept
  - Lila Cummings:
  - Tina McCroy: Beacon Health Options
  - Heidi Hanes:
  - Kim Cassidy: CCHA
  - Vickey Sanchez: Colorado Health Dept
  - Anna: RMHP

- Taylor:
- Kim Nordstrom: Colorado Access
- Jenn: Regions 2 & 4
- Tami:
- John Laukkanen: Dept. of Health Care Policy & Financing
- Johanna Martinson: North Colorado Health Alliance
- Colette Martin: Peak Vista Community Health Centers
- Jeremy White: Regions 2 & 4
- Stephanie Salazar:
- Christi Chaundry: SCL Health

Review Minutes Approval Process:

Jeff Appleman reviewd the contents of the most recent BHIS (Behavioral Health and Integration Strategies) Constant Contact email and went over the documents that were included in the email. He then reviewed the Department's mission statement and gave a synopsis of the meeting's objectives.

Daniel Darting solicited a motion to approve both the November and December Meeting Minutes.

Sue Williamson motioned to approve both minutes, Deb Barnett seconded the motion. The Motion was approved.

Co-Chair Vote and Approval:

Sue Williamson and Deb Barnett both nominated themselves for the position of Co-Chair of the BHIS subcommittee. Ben Harris then provided an overview of the expectations and commitments associated with this role. The Co-Chair is expected to attend all meetings, actively collaborate with those inside and outside the sub-committee and engage meaningfully in the tasks this subcommittee takes on. Currently, we are working to engage/involve more Health First Colorado members, local community stakeholders & behavioral health providers so that we can garner more inclusive and diverse perspectives.

Deb stated that she is also a voting member of the Provider and Community Experience Subcommittee and that she is vying for the role of co-chair for this sub-committee as well as the PCE subcommittee. Daniel asked those in attendance if it would make more sense to have Sue Williamson as co-chair since Deb is a voting member on two subcommittees whereas Sue is only involved in this subcommittee.

There was a short discussion on the matter, followed by a motion to nominate Sue as co-chair which was seconded. The vote on Sue's candidacy was all 'yeas' (no 'nays' and no abstentions); Sue Williamson was elected Co-chair.

State PIAC Update:

Daniel provided a summary of what occurred during the most recent PIAC (Program Improvement Advisory Committee) meeting. In the meeting, Daniel and Jeff presented on behalf of the BHIS subcommittee. They updated the PIAC on the areas of focus our subcommittee selected and gave an overview of our governance and communication structure. Daniel and Jeff also submitted our BHIS

charter for approval, informed them of our current BHIS Voting Member roster and explained the process in which they were selected.

Overall, the PIAC's voting members offered positive feedback, stating that the BHIS subcommittee is on-track and in alignment with the PIAC's overarching goals. Many of the PIAC's voting members provided feedback that it would be beneficial if our sub-committee involved/engaged more behavioral health providers and asked us to consider recruiting them to become voting members.

The PIAC's voting members also reaffirmed our subcommittee's role in the relation to the charge outlined in Senate Bill 222, where we will work to address gaps in supports and transitions of care for members who are at risk of institutionalization, which aligns with our work with involving those being released to a DOC facility. Furthermore, they discussed the alignment between the BHIS Subcommittee and the Governor's Behavioral Health Taskforce. They also endorsed the work we are doing to further integrate services being performed by OBH's regional Crisis Contractors and with the larger behavioral health landscape as a whole.

Each subcommittee will give a quarterly presentation to the statewide PIAC with the goal of improving communication, ensuring alignment between the statewide PIAC and its subcommittees, and preventing the duplication of work.

Ben Harris stated that, in the past, the Department has performed more outreach to physical health providers than behavioral health providers. He asked that we use this subcommittee as a forum to engage behavioral health providers. He asked the meeting's attendees to reach out to behavioral health providers to encourage them to attend future meetings; additionally, he asked the attendees to send their contact information to Jeff or Manny, if they are interested in attending future meetings. Furthermore, he stated that PIAC's meetings and the meetings of its subcommittees are open to the public; the Department would like more input from members, providers and other stakeholders from across the state.

Jeff then solicited a vote for the Charter. Deb Barnett asked if the Charter could be emailed to the Voting Members before they vote. Jeff agreed and asked if they could vote on the Charter via email; the voting members agreed with this plan. Daniel said that the Charter would be used, in the short term as a beacon light, to help us set a course for the direction we take; in the long term, the Charter could potentially change, as we complete our assigned tasks and responsibilities and are assigned new roles and/or as we shift to better align ourselves with the PIAC's objectives.

Behavioral Health Task Force Update:

Daniel Darting provided an update on the Behavioral Health Task Force. In the most recent meeting, they reviewed the statewide behavioral health system related to available programming/resources, funding sources and systems that often intersect with the behavioral health system (ex: school, justice-involvement, etc.). They delved into the underlining intricacies of our statewide system of care and the implications of having multiple funding sources, (such as the Office of Behavioral Health, Department of Healthcare Policy & Financing, Department of Corrections, etc.). Specifically, they discussed JBBS (Jail Based Behavioral Health Services), Crisis Services, & children's behavioral health services within the state. The following questions were discussed during the meeting:

'What makes sense for the world we live in now?

'How do ensure that resources are being used effectively and efficiently? (especially maximizing care coordination)?"

'How do we identify best practices and how do we replicate best practices?'

The next Taskforce meeting will occur on January 15, 2020; during the meeting, they will discuss programs and systems that have been effective in the past and will work to create recommendations for best practices. Deb Barnett asked how the BHIS subcommittee will work in tandem with the Behavioral Health Task Force and asked if we could create a visual map that shows what the two subcommittees are working on. She stated that this would help others, unfamiliar with our subcommittees, more easily understand where the two groups overlap and where they diverge. Daniel Darting stated that we would look into this request; he added that we can invite members of the Taskforce to attend our meetings and provide updates to improve communication between the two groups. He also stated that a visual display may have more use further down the line, and we more clearly identify the tasks we will take on.

Daniel then provided a summary of the main differences between the Behavioral Health Task Force and the BHIS subcommittee. This BHIS subcommittee works from the perspective of Health First Colorado members, whereas the Behavioral Health Taskforce works from the perspective of all Coloradans, irrespective of their insurance payor.

Safety Net Subcommittee:

Melissa Eddleman and Moses Gur reported on the Safety Net Subcommittee. They are currently breaking down their chosen topics to smaller, more actionable items. In the last meeting, they led breakout groups to discuss access, workforce, telehealth, and system navigation issues throughout the state.

Children's Subcommittee:

John Laukkanen presented on behalf of the Children's Subcommittee. They're finalizing their recommendations and are developing a strategy to address workforce development, funding issues, and access issues throughout the state. They are using the Colorado Health Institute's access map to understand the resource gaps in the state. This subcommittee presented a draft of their plan and are working to prioritize them, to make their work more organized and manageable. In January, they will have two meetings (1/9 & 1/14) where this plan will be discussed.

Long-Term Competency Subcommittee:

Ben Harris presented on behalf of the Long-Term Competency Subcommittee. They have created a plan to address their consent decree charge and are seeking outside viewpoints on it for the best ways to operationalize their plan. They plan to collaborate with the Safety Net Subcommittee for this task.

DOC Discussion:

DOC Objective from the *PowerPoint slide*: "Develop recommendations for care coordination and care continuity for behavioral health services during re-entry from corrections-involved members."

The strategy screens are:

1. Members who dually diagnosed with mental health disease and developmental disability

2. Members who are involved in the Foster Care system
3. Geriatric Members

Review DOC Statistics:

Jeff presented data on members being released from DOC facilities. He discussed the mortality rates following an individual's release and emphasized the 2-week window, where members mortality rates peak. He paired this statistic with our goal of increasing the number of members that access a behavioral health service within the first 2 weeks. He stated that members accessing these services will be more likely to understand their available resources and behavioral health providers, such as CMHCs (Community Mental Health Centers), who often viewed as offering positive support for individuals attempting to address their needs.

Some in attendance suggested that we change the time period from two weeks to 7 days to increase the likelihood of sustained care. Ben stated that since the creation of the ACA (Affordable Care Act) in 2014, Medicaid coverage has increased substantially in the state. He added that the justice-involved population was especially impacted; since eligibility is determined by income rather than by disability, more of them are eligible for Medicaid.

Mary asked if the Department could provide more demographic information for these members, specifically on information on Native Americans that receive services from IHS (Indian Health Services). Ben stated that he has requested a demographic breakdown as well as data on Medicaid-Medicare dual eligible members. Heather clarified that services performed by DOC's provider group would not be captured in this data unless the provider billed to Medicaid.

Jeff then presented a graph comparing care coordination statistics between those that were released from a DOC facility to the general population. He clarified that these graphs only go back to 2018 when the Department's data agreement with DOC was enacted. He also clarified the difference between 'deliberate' and 'extended' care coordination. He stated that each RAE (Regional Accountable Entity) categorizes/defines care coordination services uniquely in order to align with their internal processes for care management, but that there are general parameters for these services. Deliberate care coordination is typically shorter care coordination services, such as providing information about providers in a member's area or receiving a telephonic outreach by a care coordinator. Extended referrals are longer, more intense services that usually will likely require two or more appointments.

Ben also clarified that to receive care coordination prior to their release, members need to be deemed Medicaid eligible and have a signed ROI (Release of Information) for their soon-to-be RAE. In the beginning, many were unwilling to sign the release, however, as time progressed, more have been willing to sign the ROI. Ben provided additional context stating that the Department and DOC have better aligned our processes to more seamlessly integrate members back into their community, with their benefits fully activated. He also stated that total releases per month are currently between 800-900, with 650-700 Medicaid eligible. Ben stated that the Department and DOC are working to identify regions where services are difficult to access; they are also discussing ways to improve the connection between facilities/providers and care coordinators to better connect members to available services.

Ben stated that some of the most recent months' data may change due to claims run-out; this is due to the time it takes for a service to be provided to the Department receiving data on that service. It may

take weeks or months for a provider to submit a claim to the member's RAE, the RAE must then process the claim and, lastly, send that data on the service encounter to the Department. Therefore, we may be informed of additional services that should have been included in this graph's count.

Prior to 2014, far fewer incarcerated individuals were eligible for Medicaid upon their release; this resulted in DOC performing functions that can now be carried out by Health First Colorado, such as the creation of DOC's provider network to meet the physical and behavioral health needs of newly released individuals. Once the ACA (Affordable Care Act) was enacted, the number of people in the state that were eligible for Medicaid increased drastically; specifically, those being released from DOC facilities went from rarely being eligible for Medicaid to a majority being Medicaid eligible. Daniel echoed the difficulties associated with tracking this population because services carried out by a provider within DOC's provider network would not be included in our data; he asked that we keep this in mind when assessing this population's utilization of services, specifically for those released to parole, who receive 90% of their services from DOC's provider network. Merging the work performed by DOC and HCPF has been difficult as they have different charges. Both departments oversee physical and behavioral health services, but DOC must also incorporate their duties related to overseeing an individual's parole & reentry.

Currently, HCPF deals solely with healthcare, whereas DOC must comply with their duties overseeing parole and reentry in addition to their work on their provider network. Various attendees discussed the importance of not only having an adequate number of providers but also the importance of having providers that can meet the cultural needs of their community.

An attendee asked if there were ways to proactively engage members prior to their release. Heather stated that DOC is investigated a myriad of possibilities and are actively working to better align themselves with the services provided by other agencies, such as HCPF. Ben reiterated this, stating that DOC, HCPF, and the RAEs have a monthly call with the goal of making large-scale changes in the next 6 months.

Laura with Tri-County Health Department asked if the Department could provide more data on behavioral health appointments, specifically on the timeliness of a member receiving a service following a referral. Ben responded stating that, within the last year, the Department began to build out more data on the timeliness of appointments, specifically for those with chronic and complex needs. Participants asked if the main issue is related to a lack of providers in certain locales; Ben responded stating that that Behavioral Health Task Force is looking into access gaps and their causes (such as an inadequate workforce) and that the Department requires the RAEs to submit a quarterly report/deliverable on their provider network. Heather added that DOC is also looking into access issues and are assessing how easily newly released individuals can access treatment in different regions.

Deb Barnett stated that the data doesn't provide a full picture of what is happening at the ground level. A care coordination service could occur but, if there are no available resources/providers/etc. the service will likely not have a positive impact on their health outcomes. Inversely, there may be other community/social supports that members use to meet certain care coordination needs that are not included in this data as well. Candy reiterated the importance of getting feedback from members and community stakeholders to better understand how members are meeting their needs. She referenced Maslow's hierarchy of needs, stating that members may not access care coordination services of behavioral health treatment, not because of disinterest but because they are focused on meeting their

housing, food, clothing, etc. needs. Ben echoed the need to think holistically and stated that the Department, DOC, and DHS (Department of Human Services) are working to better understand social determinants of health and improve continuity of care between different systems.

Candy stated that there also needs to be a shift in thinking between the way physical health and behavioral health providers are outreached. She stated that the RAEs often hire practice transformation coaches to provide support to PCMPs (Primary Care Medical Providers) but that they don't provide the same level of outreach to behavioral health providers. She stated that some of these issues could be mitigated if behavioral health providers received the same level of support as physical health providers.

DOC Re-entry Framework:

Jeff reviewed the DOC Re-Entry Framework that was created by a previous (now defunct) PIAC subcommittee and asked for suggestions on ways to improve it.

Tom, from the Statewide MEAC (Member Experience Advisory Council), stated that getting a state ID and re-starting SSI/SSDI (Supplemental Security Income/ Social Security Disability Insurance), should be added under 'discharge planning.' Heather stated that approximately 85% of individuals being released from a DOC facility have a state ID and that DOC has staff co-located offices within DOR (Department of Revenue) to streamline this process; she added that it may be possible to create a parallel process to better support members that are applying for SSI/SSDI.

Daniel solicited suggestions about additional data or information that would help them better understand the mechanics of the different systems at work. Sue asked for additional information on the contractual requirements in the RAEs contracts, related to working with members being released from a DOC facility. Camille asked for more information on DOC's processes, such as what funding is available for housing, health services, etc. She stated that more information on DOC's provider network would be helpful and that OBH (Office of Behavioral Health) is in the preparation stage of doing this analysis. Lastly, some attendees asked for a color-coded map of the state which will show the areas where members are frequently being released to.

Subcommittee Housekeeping and Feedback:

Daniel proposed that the group think about additional items that would be helpful for the crisis service objective and send them to Sue, Daniel, and Jeff. The next meeting will be on February 5, 2020, from 9 to 10:30. Meeting adjourned.