



Meeting Minutes

Behavioral Health and Integration Strategies (BHIS) PIAC Subcommittee

Virtual Meeting

April 6, 2022 9 AM - 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting Signal Behavioral Health Network (Co-Chair)
- Matt Pfeifer Health Care Policy & Financing (Dept. Liaison)

Voting Members:

- Sue Williamson Colorado Children's Health Care Access Program (Co-Chair)
- Amanda Jones Community Reach Center
- Tom Keller Regional MEAC & PIAC, Statewide PIAC
- Mary Ellen Benson Diversus Health
- Taylor Miranda Thompson Colorado Community Health Network
- Elizabeth Freudenthal Children's Hospital Colorado
- Charles Davis Crossroads Turning Points
- Nina Marinello SCL Health
- Monique McCollum Parent Family Advisor
- Imo Succo Southwestern CO Area Health Education Center

Other Attendees:

- Andrea Kedley Colorado Community Health Alliance
- Jen Hale-Coulson Northeast Health Partners
- Brian Robertson Northeast Health Partners
- Matt Morrison Colorado Access



- Kristin Halvorson Imagine!
- Jason Casey Denver Health
- Ashley Clement Northeast Health Partners
- Ryan Larson Colorado Access
- Alyssa Rose Rocky Mountain Health Plans
- Alan Girard Front Range Health Partners
- Cris Matoush Rocky Mountain Health Plans
- Cheryl Petrossi Department of Corrections
- Julie Hicks Cambria Solutions
- Doug Muir Centura Health
- Rachel Kisselman HCPF
- Alice Spencer Colorado Access
- Kari Snelson Northeast Health Partners
- Tina McCrory Health Colorado
- Angela Ukoha HCPF
- Nancy Mace HCPF
- Marjorie Champenoy Rocky Mountain Health Plans
- Mona Allen Health Colorado, Inc.
- Joseph Anderson Colorado Access
- Audrey Oldright Rocky Mountain Health Plans
- Matthew Dodson Axis Care
- Ashleigh Philips Centura Health
- Suzanne Kinney Colorado Community Health Alliance
- Karen Masters West Pines
- Deb Hutson Colorado Department of Human Services

2. Housekeeping

Daniel Darting called the meeting to order at 9:03 AM. Camille Harding has left the Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH). Deb Hutson has joined this meeting to represent OBH.

Sue Williamson motions to approve the March 2022 meeting minutes. Elizabeth Freudenthal seconds and there are no opposing votes or abstentions; the minutes from the March 2022 meeting are approved.

Matt Pfeifer tees up the discussion planned for the May BHIS meeting around how to measure the capacity of behavioral health networks. The Department of Health Care Policy and Financing (HCPF) has started this discussion internally and is asking the BHIS group to weigh in.



Elizabeth requests an agenda topic related to ACC 3.0 specifically for this group to make recommendations. The purpose of the discussion would be to address the current program and to address recommendations for ACC 3.0.

- This conversation will occur at BHIS in coordination with a larger conversation around ACC 3.0.
- The group will invite other HCPF representatives who can help facilitate this discussion.

Matt provided a brief COVID-19 update; the Public Health Emergency has been extended to April 16, 2022. The federal government will provide notice 60 days in advance. The assumption is that the PHE will be extended. The Department continues to focus on vaccine outreach and work to address disparities. More information can be found at [covid19.colorado.gov](https://www.covid19.colorado.gov).

Matt presented the regular update of Department of Correction (DOC) Behavioral Health (BH) engagement data including:

- 14-day BH engagement rate by Regional Accountable Entity (RAE)
- 30-day BH engagement rate by RAE
- 14-day BH engagement rate stratified by race and gender
- 12 month rolling monthly release count

Matt shares more details on the target rate and RAE performance. About half of the RAEs are meeting the target rate of 19.1%. The trend line continues to be positive.

3. DOC metric update and goal setting (Matt Pfeifer)

The DOC metric is one of the pay-for-performance metrics in the ACC payment portfolio. BHIS receives updates on this metric each month as BHIS helped create this metric. We wanted to make sure the committee is looped into setting the metric for the upcoming fiscal year.

- Metric definition: percentage of members releasing from a DOC facility with at least one billed BH capitated service of short-term behavioral health visit within 14 days after release (also measured at 30 days after release)
- This is a statewide metric



- There is a 5-to-6-month delay on the metric for claims runout. The information shown today is from October 2021.
 - Overall statewide rate is at 19.33% (in October 2021)
 - Matt presents data stratified by race and gender

Matt presents the rolling 12-month release count. Decreasing releases is the overall trend.

This metric is monitored in collaboration with DOC, HCPF, the RAEs, and this BHIS subcommittee.

Key milestones for the metric:

- Data sharing agreement signed in 2018 between HCPF and DOC.
- Increased use of electronic coordination in 2020.
- Daily roster feed established from DOC to RAEs/Managed Care Organizations (MCOs) in 2021.

DOC efforts:

- Created benefits acquisition team to make sure people are getting enrolled and getting benefits.
- 80-90% of members with an identified need have a follow up appointment scheduled prior to release.
- Scheduling in-reach appointments prior to release for some members.

RAE/MCO approaches:

- Connecting with members prior to release (e.g., in-reach)
- Developing relationships with community corrections programs
- Collaborating with providers and community organizations (e.g., [WAGEES program](#)) to help folks re-enter the community.

Ongoing work includes:

- Collaboration with DOC benefits acquisition team.



- Increased Medicaid billing.
- Post-COVID opportunities/in-reach.
- Overcoming provider capacity challenges.
- Tracking and ensuring access to Medication Assisted Treatment (MAT) services for SUD.
- Implementation of [SB21-146](#) - Improve Prison Release Outcomes

The group discusses considerations as FY22-23 target rates are developed:

- The group requests information on what MAT methods are being used in DOC while an individual is incarcerated. The group discusses the importance of clarity on the MAT component of this measure.
 - **Matt Pfeifer from HCPF will check in on this information and share back with the group.**
- Matt clarifies that the encounters captured for this measure can take place in any setting.

4. SB19-195 update (Carissa Fralin, Chris Anderson)

- Carissa Fralin joins the meeting to provide an update on [the re-boot of SB19-195 work](#).
- HCPF was charged with two tasks from the bill ([slides here](#)):
 - High Fidelity Wraparound (HFW) as part of System of Care. This approach is evidence-based and features a team approach. The team includes the individual's family.
 - Integrated Funding Pilot
- These programs are designed for youth that have higher-level complex needs.
- This process is driven by the youth and the care coordinator helps to coordinate the necessary pieces.
- Integrated funding example:



- There is a program in Milwaukee, Wisconsin which implemented a braided funding stream to include funding from child welfare, juvenile justice, and the Medicaid capitation.
- HCPF is going to look at a similar approach and find out what is possible. Is there collaboration that can occur through multiple funding sources?
- We have funding from ARPA to dig down into these areas. There is focus around the “missing middle” and what are the gaps between inpatient services and then back into the community. At the heart of the work, person-centeredness is high on the priority list.
- Next steps:
 - Continued stakeholder engagement
 - Onboarding HCPF staff and researching the opportunities in the state for
- Stakeholders are welcome to contact the HCPF leads on this work: [Carissa Fralin](#), [Rachel Kisselman](#), and [Christopher Anderson](#).

Monique McCollum shares feedback from her perspective from being a parent engaged with the system that “wrap around” is not a helpful word. More families need to know about the [Children's Home and Community-Based Services Waiver \(CHCBS\)](#).

Stakeholders are encouraged to sign up for the [Enhancing Children and Youth Behavioral Health Services newsletter](#) updates on the program.

5. HCPF behavioral health dashboard (Sabine Durand and Chris Larson)

Sabine Durand and Chris Larson from HCPF have joined the meeting to display dashboard information HCPF has been building to demonstrate how we are incorporating data and analysis in our programs.

The dashboard on display includes behavioral health encounter data (at an aggregate, de-identified level). The dashboard does not include [behavioral health fee-for-service \(FFS\) benefits](#).

Dashboard highlights include:

- Data from July 2018 through fiscal year 2021 is captured.
- A map showing the number of BH full-time equivalent (FTE) for each RAE region.



- Penetration rate by RAE. Around 15-20% of members are using a BH service.
- Total services by provider type (e.g. [State Plan services](#) vs. B3 services which are special services provided by Medicaid via federal waiver)
- Data on inpatient stays including admissions per thousand. The data accounts for differences in population size and average length of stay.
- Mental health ER visits by RAE region.
- Views specific to telehealth. Telemedicine has drastically increased since the start of the pandemic. The data is hovering at roughly 30-40% since the pandemic started.

Filters on the dashboard include eligibility categories, homelessness, race/ethnicity, provider type, among others.

Sabine confirms that HCPF cannot give access to the dashboard because of the underlying protected health information (PHI). Sabine offers to take screenshots of specific views and share them.

Taylor Miranda-Thompson asks who will be using this dashboard and who will have access to it?

- The dashboard is used internally to track BH service trends over time. When HCPF gets questions having this information readily available is important so our team can respond to legislators, researchers, etc.

The BHIS meeting is adjourned at 10:30AM.

