



MINUTES OF THE MEETING OF THE Behavioral Health and Integration Strategies PIAC

Virtual Meeting

April 7, 2021 9 AM - 10:30 AM

1. Introductions

Facilitators:

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

Voting Members:

- Sue Williamson Colorado Children's Health Care Access Program (Co-Chair)
- Amanda Jones The Center for Mental Health
- Mary Ellen Benson Diversus Health
- Camille Harding CDHS: Office of Behavioral Health
- Tom Keller Regional MEAC & PIAC, Statewide PIAC
- Terri Hurst Colorado Criminal Justice Reform Coalition
- Vicki Allen-Sanchez Colorado Springs Fire Department
- Tammy Phillips Larimer County Department of Human Services
- Monique McCollum Parent of special needs kids

Other Attendees:

- Karen Masters Director of Nursing and Operations West Pines
- Alan Girard Front Range Health Partners
- Jen Hale-Coulson Northeast Health Partners (RAE 2)
- Camila Joao Colorado Community Health Alliance (RAE 6 & 7)
- Ashleigh Phillips (Centura Health)
- Christy Bishop (SCL Health)
- Sharon Steadman (Steadman Group)
- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Cris Matoush Rocky Mountain Health Plans (RAE 1)
- Susan Mathieu (Farley Health Policy Center)
- Kristi Cavataio Rocky Mountain Health Plans (RAE 1)
- Violet Willett Rocky Mountain Health Plans (RAE 1)
- Audrey Oldright Rocky Mountain Health Plans (RAE 1)
- Elizabeth Richards Beacon Health Options (RAE 2 & 4)
- Emily DeFrancia Colorado Access (RAE 3 & 5)
- Gary Montrose Young People in Recovery
- Carol Meredith The Arc Arapahoe & Douglas
- Kelly Bowman Health Colorado (RAE 4)



- Taylor Thompson Colorado Community Health Network
- Kellen Roth Colorado Access (RAE 3 & 5)
- Doug Muir Centura Health
- Joseph Anderson Colorado Access (RAE 3 & 5)
- Kenn Winn Firefly Autism
- Sandra Grossman Health Care Policy & Financing
- Norbert Peyfuss Health Care Policy & Financing
- Chris Larson Health Care Policy & Financing
- Cristen Bates Health Care Policy & Financing
- Jeff Eggert Health Care Policy & Financing
- Shingo Ishida Health Care Policy & Financing
- Amy Luu Health Care Policy & Financing
- John Laukkanen Health Care Policy & Financing
- Victoria Laskey Health Care Policy & Financing

2. Housekeeping

Matt Pfeifer called the meeting to order at 9:03 AM. Minutes from the month of March were approved. No abstention.

The BHIS subcommittee has a voting membership vacancy. An email requesting nominations from voting members will be sent via constant contact.

3. COVID-19 updates

Matt Pfeifer provided COVID-19 updates. The COVID-19 vaccine is currently in phase 2 (general public age 16 and over). All information from the slides will be available on the Department’s website.

The Department is collaborating with the Regional Accountable Entities (RAEs), Single Entry Points, and Community Center Boards, to prioritize homebound members or potential homebound members to help them with access and working to address health disparities for members of color based on the data reviewed. All are working diligently with FEMA, the Colorado Governor’s Office and others in an attempt to utilize some of the stimulus and COVID relief money to help fund this work.

4. DOC Dashboard

Norbert Peyfuss presented the DOC dashboard. The time period of the data is from June 1, 2018 to August 30, 2020. The data was a requirement of SB 19-222. The BHIS subcommittee worked to develop the metric with the intent to monitor and improve performance. The HCPF dashboard was a first step to improving performance. It was noted that this work is being used as a case study in hopes that the process can be replicated across the Department. Norbert’s work is phase 1 of a two-phased study,



which is to create a Tableau dashboard that will create visualization of behavioral health care data to provide insight on behavioral health questions and trends seen from Medicaid members releasing from DOC. The focus is to improve the re-entry process and behavioral health utilization. The dashboards allow the who, what, where and when of behavioral health needs, services and diagnoses to be looked at for this population. A high-level overview was presented on the RAE Penetration Rate dashboard. The dashboard has the ability to filter by gender, race/ethnicity, homelessness, and RAE. P-Codes and M-Codes are behavioral health and medical needs codes assigned to DOC prisoners. A member with a P-Code of 1 indicates a relatively low behavioral health need while a P-Code of 5 indicates a high behavioral need. The M-Code is the medical need of the individual.

A discussion occurred on the penetration rate. The rates mirror what is seen in the monthly dashboard rates reviewed by this subcommittee to some degree. The importance of looking at the data by time variance was noted to view the progression of the metric.

There was a discussion on addressing the equity gap. The data shows that females have a higher level of moderate to severe P-code behavioral health needs. This gender difference in behavioral health needs may be due to more homeless shelter and housing resources being available for females experiencing homelessness. A thought was shared that there is a differential in stigma with women in incarceration and there may be a trauma element with females but there is no clinical information to substantiate this.

5. SB 19-222: strengthening and expanding the behavioral health safety net system in Colorado

Cristen Bates and Camille Harding presented on the behavioral health safety net framework. The goal of the work is to create a comprehensive proposal to strengthen and expand the behavioral health safety net system in Colorado. A background on SB 19-22 was provided. This bill requires the development of a definition for high intensity outpatient services and for the Department of Health Care Policy and Financing, and the Colorado Department of Human Services (CDHS) to create a comprehensive safety net system proposal. The bill is meant to build on the network of providers the state already has. It's about looking at the foundations that Colorado already has and trying to find a way to better work together to provide more timely services, especially for those who are at risk of institutionalization and those with acute problems. The safety net system must have a network of behavioral health care providers. CDHS shall consider community mental health centers, managed service organizations, contractors for the statewide behavioral health crisis response system, and other behavioral health community providers as key elements in the safety net system. The comprehensive service model was presented.



Standards and Payment Models were presented. As providers increase in the services that they provide and the type of client that they serve, increasing levels of accountability will be asked for. In exchange the provider will be provided with an increased level of payment.

The changes, as result of the model, were presented. It guarantees access for individuals with complex needs. It potentially sets up social determinants of health providers to be able to bill Medicaid or the Behavioral Health Administration. There is an opportunity to grow the “Centers of Excellence” for specialty populations or conditions, including co-occurring conditions, aggressive/personality disorders, or intellectual or developmental disability. It increases funding flexibility for whole-person care and social determinants of health. It additionally expands the substance use disorder role and creates new network adequacy standards.

Systems Levers for Improved Oversight, Accountability and Transparency was presented. There is a lot of work being done on infrastructure investments to ensure all fragmentation is addressed in the current behavioral health system. There is Care Coordination Infrastructure. There is Workforce Supports and Technical Assistance to ensure providers have access to trainings. The Health IT Infrastructure is to ensure there are comprehensive and coordinated data sets.

The next steps were presented. The model is due June 30, 2021 and required to be implemented by 2024. The slide deck presented will be shared with the group. (Note: [Safety Net Presentation slides](#) have been posted on the [BHIS Website](#) with the April 7, 2021 meeting materials.)

Feedback and questions were solicited from the group. From an Administrative Service Organization (ASO) perspective, there is excitement in seeing the learning management system component included and to build upon provider credentialing and to offer trainings. From a provider perspective, a thought was shared that trying to pull continued recommendations from the Behavioral Health Task Force, the Veterans Health Administration and the RAEs, it is wanted to see what this will look like in practice in trying to pull all of these pieces together, and there is appreciation towards the opportunity to outreach and provide feedback.

6. BHIS objectives: Summary of BHIS and PIAC discussions

This discussion was omitted in the interest of time.

7. Wrap up and next steps

The next meeting is scheduled for May 5, 2021. The meeting was adjourned.

