



Meeting Minutes Behavioral Health and Integration Strategies PIAC Subcommittee

Virtual Meeting
August 4, 2021 9:00 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
- Imo Succo Southwestern CO Area Health Education Center
- Monique McCollum Parent of special needs children

Other Attendees:

- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Camila Joao Colorado Community Health Alliance (RAE 6 & 7)
- Tina Gonzales Beacon Health Options (RAE 2 & 4)
- Moses Gur Colorado Behavioral Healthcare Council
- Erin Herman Health Care Policy & Financing (HCPF)
- Megan Comer Health Care Policy & Financing (HCPF)
- Karen Masters West Pines SCL Health
- Vicki Allen-Sanchez Beacon Health Options
- Mike Davis Health Care Policy & Financing (HCPF)
- Liana Major Health Care Policy & Financing (HCPF)
- Moses Gur Colorado Behavioral Healthcare Council
- Joseph Anderson Colorado Access
- Alyssa Rose Beacon Health Options (RAE 2)
- Kelly Bowman Health Colorado
- Audrey Oldright Rocky Mountain Health Plans (RAE 1)
- Pam Boehm Beacon Health Options (RAE 2)
- Emilee Kaminski University of Colorado Dept. of Pediatrics
- Elizabeth Freudenthal Children's Hospital Colorado
- Alan Girard Front Range Health Partners
- Christine Andersen Beacon Health Options (RAE 2 & 4)
- Lili Carrillo Colorado Health Network



2. Housekeeping

Daniel Darting called the meeting to order at 9:00 AM. There is no quorum currently, therefore there is no approval of the July minutes. However, the group present will still have a discussion on the agenda topics. Regarding membership, voting member Stephanie Salazar-Rodriguez has notified the group that she is no longer able to participate.

Meeting materials are posted and available on the [BHIS website](#).

Crisis Recommendations from BHIS will be made to PIAC this month.

Matt Pfeifer presented the February 2021 Department of Correction (DOC) Behavioral Health (BH) BH engagement rate metric data, as part of the group's standard review. Overall trend of the ACC program is increasing (dotted line in the middle). All information is from the rolling 12-month average. Performance rate is exceeding the target that the Department and RAEs agreed to.

A participant asked for clarification on what the term "claims runout" means. The Department clarified that when an individual goes to see a provider, the provider makes note in chart, and that note goes into system. It should be noted that these various systems differ as far as the processing timeline. Once a claim is submitted then it must be processed up through the Department. Ultimately, the older the data the more reliable it is because there is a fuller picture.

The data will continue to include race and gender information. For example, white females have the highest rates of utilization. In terms of equity and disparities, it is a goal that these utilization rates get closer together between the groups.

3. COVID-19 updates

A high level overview of ongoing vaccine outreach and work to address disparities was presented. Overall, the trends are not going in the direction the Department or stakeholders had hoped.

The Department confirms that vaccine outreach continues, and the framework has shifted from large vaccination sites to more targeted outreach. There will be continued focus on disparities among the Medicaid population, and between members of the general public and Medicaid members.

4. BHIS Charter update

Updated BHIS charter objectives are shared:

1. Previous work: Use BHIS member expertise to monitor and improve previous BHIS initiatives. (Ex. DOC metric and crisis services recommendations).



2. Access and Engagement: Identify best practices, opportunities and recommendations for improving behavioral health engagement and access within the ACC program. Examples include, but aren't limited to, responding to the potential end of the COVID-19 public health emergency, utilization of peer support services, and alternative community support services.
3. Behavioral health reform: Participate in statewide behavioral health reform efforts (Ex. the creation of the behavioral health administration (BHA)) to ensure the development of statewide systems that improve behavioral healthcare within the ACC program.

The group discusses if the objectives are in alignment with where the group is headed. The present group agrees the objectives capture previous discussions and align with the subcommittee's purpose.

There is eagerness to get into the details of these objectives; no objections on how they are currently written.

5. Future BHIS work

A list of possible future work is presented to the group to catalyze a discussion about where the groups focus should be next:

- Behavioral Health reform work
- What happens in behavioral health after COVID-19?
- Telehealth in behavioral health
- Increasing use of regional PIAC, member engagement committees, and work BHIS members are doing in their communities
- Availability of behavioral health services for children and youth
- Recommendations related to behavioral health legislation

In relation to other efforts already happening (e.g. the new Behavioral Health Administration) the important role of this group is to discuss how the current environment impacts the ACC program. This is especially important for the behavioral health reform work. The group will monitor how those reform conversations impact access to services. To that end, the behavioral health reform work feels like almost standing agenda item.

The group agrees it would be impactful to work on a focus area that can be influenced in the immediate future.

Imo Succo raises the challenge around pay for behavioral and mental health providers, especially in rural areas which contributes to rural workforce shortages. This is prevalent in Southwestern Colorado.



Amanda Jones agrees that the workforce piece is a standout, especially as providers change the way behavioral health care is being provided (telehealth).

Daniel notes the ARPA relief funds; the funds are a relatively one-time opportunity. This group shouldn't lose track of where those funds are being spent, keeping in mind the workforce pay issue previously noted.

Matt reminds the group that the RAEs have a notable amount of authority regarding rates. This is a factor when it comes to reimbursement. Acknowledging the framework that we are working in is necessary.

Daniel poses if there is there something Colorado (this group) can do to help move the needle on this workforce issue. The ARPA funds do present an opportunity to do something in this space.

Sue Williamson suggests examining the variations among RAEs as far as compensation as there are some RAEs implementing innovative mechanisms to reimburse at a higher rate to support behavioral health integration.

The group looks to find consensus on which topics to move forward on together.

Amanda notes the connection around what happens in behavioral health after COVID-19 to telehealth, and then connected to service delivery and workforce. It seems as if we have a new way of delivering services. That has changed again, regionally, how members are receiving services. This pertains especially to those organizations that are also service providers. Is there something around service delivery? Daniel adds the nuance of community-specific delivery of services to the discussion.

In the short-term there is the one-time infusion of the ARPA money, and the group is interested in how are the RAEs are going to prioritize and spend that funding. There is also a request to prioritize that while expanding telehealth parity must be ensured (making sure reimbursement at the same level as in-person services).

Matt offers a summary of the discussion starting with the additional ARPA funds, how are services being delivered through telehealth, and how this is affecting the system. Then comes behavioral health legislation and recommendations such as requiring behavioral health services be offered in schools. Matt notes the related and important matter of support for children who have been infected with COVID-19.

It is appropriate for this group to monitor what's going on with the ARPA funds and it is in the groups purview to make recommendations.

Monique McCollum reminds the group of the consumer perspective and the experience of hearing different RAEs pay for different things. Monique also reflected on the challenges with scheduling non-emergency medical transportation (NEMT) including unpredictable scheduling. Matt provides current [NEMT resources](#) to the group with the reminder that



Intelliride (the previous NEMT vendor) had a nine-county area. The rest of CO counties rely on local transportation resources. This is an example of where a RAE can be helpful.

The group notes the overall importance of services for children and youth; this committee would be a good opportunity to focus on that. Furthermore, this focus would check several boxes in terms of how the group is framing behavioral health reform efforts, macro policy landscapes, and regulatory oversight to provide care to kids.

Among the group today, there is consensus in the area of behavioral health services for children and youth. This can be the recommended focus area moving forward and the group will continue to solicit feedback.

Matt provides the approach of focusing on what happens in behavioral health after COVID-19 and recognizing that telehealth and legislation are two of the main topics under that category.

The next best steps are discussed. The group agrees that getting more information about the ARPA funding and plans for disbursing would be helpful. Further discussions can evolve around how the RAEs are using the ARPA funds, especially as it related to youth behavioral health.

Matt to ask Department staff for recommendations from the Behavioral Health Youth Taskforce group (John Laukkanen, HCPF).

6. Wrap up - Daniel Darting

Daniel reminds the group of the two vacant voting member positions and that there is an opportunity to fill expertise in this space.

Matt confirms that all PIAC subcommittees are working through a routine process for recruitment of new members so that there might be cross-pollination. Working to recruit members collectively. If current participants know someone they believe is a good fit, please invite them to the meeting and feel free to educate them, or send them to the Department for more information.

The next meeting is scheduled for September 1, 2021. The meeting was adjourned.

