



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

**Behavioral Health and Integration Strategies PIAC
Meeting Minutes: February 3, 2021**

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)
- Monique McCollum Parent of special needs kids
- Tammy Phillips Larimer County Department of Human Services
- Vicki Allen-Sanchez Colorado Springs Fire Department
- Stephanie Salazar-Rodriguez Mile High Health Alliance
- Mary Ellen Benson Diversus Health
- Terri Hurst Colorado Criminal Justice Reform Coalition
- Amanda Jones The Center for Mental Health
- Tom Keller Region MEAC & PIAC, Statewide PIAC

Other Attendees:

- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Kailey Meardon Southeast Health Group
- Nancy Jackson Arapahoe County Commissioner
- Clay Cunningham Community Reach Center
- Camila Joao Colorado Community Health Alliance (RAE 6 & 7)
- Jen Hale-Coulson Northeast Health Partners (RAE 2)
- Laura Don Tri-County Health Department
- Kirstin Le Grice Colorado Access (RAE 3 & 5)
- Sandy Dowd Rocky Mountain Health Plans (RAE 1)
- Karen Masters West Pines Behavioral Health



- Jenn Conrad Behavioral Health Network
- Alan Girard Front Range Health Partners
- Christopher Garcia Denver Health Medical Plan
- Tonya Wheeler Advocates for Recovery Colorado
- Amanda Wade San Luis Valley Health
- Joseph Anderson Colorado Access (RAE 3 & 5)
- Taylor Miranda Thompson Colorado Community Health Network
- John Carlson Health Colorado, Inc. (RAE 4)
- Kelly Bowman Health Colorado, Inc. (RAE 4)
- Kellen Roth Colorado Access (RAE 3 & 5)
- Sandra Grossman Health Care Policy & Financing
- Courtney Phillips Health Care Policy & Financing
- Milena Guajardo Health Care Policy & Financing
- Norbert Peyfuss Health Care Policy & Financing
- Ben Harris v Health Care Policy & Financing
- Amy Luu Health Care Policy & Financing

Housekeeping

Matt Pfeifer called the meeting to order at 9:02 AM. Minutes from the month of January were approved. No abstention.

All meeting materials have been posted to the subcommittee’s webpage which can be found at <https://www.colorado.gov/pacific/hcpf/behavioral-health-and-integration-strategies-subcommittee>.

A brief review of the DOC metric was provided. From the previous meeting, there was a consensus to having these metrics reviewed briefly and then to have quarterly discussions. The August 2020 data is available and has been posted to the BHIS website. The 5-6 month timeframe for when data is available will not change as data cannot be available sooner. It was noted that there is a DOC workgroup that reviews the data and there is a discussion regarding how each of the RAEs are doing as a whole since it’s an aggregate measure. Additionally, there is a workgroup with all of the RAEs and a representative from the DOC. A question was asked if there was a way to view cohort differences of those who are mandated for certain treatment versus those in voluntary treatment. If there was a possibility to find out if there are any gender or racial differences for those that are mandated to treatment versus those in voluntary treatment. It was wanted to see if the numbers would look different. A response was provided that a majority of those released from the DOC are mandated to go through some form of SUD treatment. When looking at those who have a medium to high need for addiction treatment, it is around 70% of those in the DOC. A RMHP representative commented that they’ve noticed that depending on the p-codes assigned that it determines their motivation. In having



a low p-code assigned, getting them into housing and employment would be more important than getting them into treatment.

COVID-19 updates

The Public Health Emergency (PHE) has been extended to April 20, 2021. The continuous enrollment period where no Medicaid members can be disenrolled would be the last day of the month of April. There are increased federal funds to continue to support the expanded number of members under Medicaid. A link to the CDPHE website for vaccine phases was provided (<https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans>) as there were questions of where behavioral health providers fell within the phases.

Crisis Services Recommendation

Matt Pfeifer presented the recommendations and its components. Clarification was requested by a RMHP representative on the *Participate* recommendation of “supporting crisis co-responder models.” RMHP, as a RAE and an ASO, are not involved as a co-responder as that is a separate program. Clarification was provided on this that it spoke to opportunities for collaboration and awareness planning for all involved. Additionally, the model may mean tailoring the response to the patient’s level of assessed risk based on whether it’s a 911 dispatch or a hotline dispatch. A suggestion was provided to possibly remove “crisis” in the *Participate* recommendation. There were thoughts that all recommendations can certainly get integrated into the final Senate Bill 19-222 implementation plan due in June 2021.

A discussion on metrics occurred. A RMHP representative noted that they have some measures they identify in the Performance Outcome Plan that may be able to help them assess whether individuals in crisis are engaged in appropriate behavioral health services. One of the measures looks at if an appointment was scheduled within 7 days. Another component included in their contract is for individuals receiving a referral post-crisis that the provider’s name, and date and time of the appointment is documented in the EHR. A challenge they currently face is that they, as the ASO, are not receiving client level data. They will know at an aggregate level, who is getting appointments scheduled within 7 days. And so it would be helpful to include how the ASO can obtain concrete data. A thought was shared that all should get on the same page of what current metrics are going to be reported out and how they’re going to be reported out before adding a new metric that may not be captured. Once this has been determined work can be done to defining them. A mental health center representative prompted participants to think about what the intention is of what they are trying to get out of saying that they want to see collaboration between the RAE and the ASO. Some initial discussions by this group about the intent for more collaboration would be a good guide for a conversation about metrics.



A comment in the chat also prompted a discussion about transition specialists and the Momentum Program. Both use flexible funds to help individuals with higher needs and help with transitions from inpatient behavioral health services to community-based services.

There was discussion on the recommendations and if there are any necessary additions specific to members diagnosed with both a mental health disorder and an IDD, pediatric members including those in foster care, and geriatric members. It was noted that when looking at populations or individuals who might have co-occurring areas of treatment focus, one of the bigger issues about navigating crisis response and support is getting all of the varying entities involved quickly and rapidly expediting supports. As previously mentioned, it is important to identify the responsible party whose task is to engage all entities and different service providers within the state together to quickly have a case discussion and rapidly get someone to the necessary level of care. The goal is to quickly coordinate care and get the right people at the table, identify who's taking lead, and do this between all systems. A question was asked if there was a priority population within the data that aligns with gaps in services among coordination of care that can be addressed in these recommendations. It was shared that in Southwest Colorado many people of color do not have access to food, and Native Americans and LGBTQ communities struggle with access to treatment for substance use and opioid overdose. These comments seem to fit with discussion about how to refine service delivery for an individual that needs a service, and about balancing the broadness and consistency across the state/regions/programs. There was further discussion about how to get people to utilize the services. Partnering and sharing information with community groups/services (e.g., churches, hairdressers) that people already utilize is important because these community leaders would be more trusted and heard by people. Participants highlighted that a trusted community leader sharing the information would be better received than an outside agency. Normalizing the need for community resources, behavioral health services and promoting the availability would also help.

Feedback was solicited from the group about measuring the success of the recommendations. How would the group know that the recommendations are making a positive impact? A thought was shared that a member would need to feel a different, positive experience where different components/systems worked together to provide care. Currently, systems are failing with member satisfaction. A question was asked of what level of patient satisfaction is being gathered by either the RAE or others as this could be added. In response, Medicaid and the Office of Behavioral Health (OBH) partner to complete an ECHO survey which is a subset of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey that has been administered for the past four years. A thought was shared that it may not ask about crisis services or the experience of care. OBH will now direct this survey and is working to develop a different approach as the response rate of surveys is quite low. It is a requirement of their federal block grant to do a client experience of care survey, annually. They will be partnering with the Colorado Health Institute to do this work.

The next steps are to refine and present the final recommendations to the PIAC for review.



2021 BHIS Priorities Breakout Discussions

In the interest of time, this discussion was tabled for a future meeting.

Wrap up and next steps

The next meeting will open with a group discussion of the 2021 BHIS Priorities. The next meeting is scheduled for March 3, 2021. The meeting was adjourned.

