



COLORADO

Department of Health Care
Policy & Financing

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

Virtual Meeting

June 2, 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 (Co-Chair) Colorado Children's Health Care Access Program
- Camille Harding CDHS: Office of Behavioral Health
- Amanda Jones The Center for Mental Health
- Mary Ellen Benson Diversus Health
- Tom Keller Regional MEAC & PIAC, Statewide PIAC
- Tammy Phillips Larimer County Department of Human Services

Other Attendees:

- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Matthew Wilkins Health Solutions
- Camila Joao Colorado Community Health Alliance (RAE 6 & 7)
- Bob Dyer Front Range Health Partners
- Cris Matoush Rocky Mountain Health Plans (RAE 1)
- Christopher Garcia Denver Health Medical Plan (RAE/MCO)
- Alan Girard Front Range Health Partners
- Imo Succo RHC/SWCAHEC
- Joseph Anderson Colorado Access (RAE 3 and 5)
- Clayton Cunningham Health Care Policy & Financing
- Michael Davis Pediatric Care Network
- Amy Ferris Colorado Behavioral Healthcare Council
- Moses Gur
- Tim Morton
- Audrey Oldright Rocky Mountain Health Plans (RAE 1)
- Ashleigh Phillips Centura Health - Porter Adventist
- Tammy Phillips Larimer County DHS
- Karlee Tebbutt Colorado Association of Health Plans
- Christina Yebuah Colorado Center on Law and Policy
- Christine Andersen Beacon Health Options (RAE 2 & 4)
- Janet Rasmussen Clinica Family Health



- Pat Cook
 - Tina Gonzalez
 - Tina McCrory
 - Vicki Allen-Sanchez
 - Taylor Miranda Thompson
 - Callie Kerr
 - Benjamin Harris
 - Courtney Phillips
 - Anne Jordan
 - Erin Herman
 - Callie Kerr
 - Shingo Ishida
 - Victoria Laskey
 - Amy Luu
- Beacon Health Options (RAE 2 & 4)
 - Health Colorado, Inc. (RAE 4)
 - Beacon Health Options (RAE 2 & 4)
 - Colorado Community Health Network
 - Health Care Policy & Financing
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2. Housekeeping

Daniel Darting called the meeting to order at 9:03 AM. Minutes from the month of May were approved. No abstention.

An announcement was made regarding voting membership changes as a voting member has stepped down. Voting member applications will be reviewed by current voting members.

The crisis recommendations are in the process of being presented to PIAC.

Matt Pfeifer presented the December 2020 DOC Metric data. The general trend is continuing to be positive. The Difference in members was highlighted as it's an indicator of how far off behavioral health engagement is and is not. For example, in the data presented if over the last 12 months 19 additional members had engaged in a behavioral health service within 14 days after being released from DOC and the target rate of 13.39% would have been met. The 30 day BH Engagement metric trends are relatively similar and the rates are higher with the additional days of engagement. The 14 Day BH Engagement by Race and Gender metric shows that females have a higher rate of behavioral health engagement and that white males have more behavioral health engagement than non-white males. The DOC re-entry care cascade outlines the amount of members released, the amount of those members referred to a RAE, the amount of those members are included in the Data Sharing Agreement so that information was shared with the RAEs, and the behavioral health engagement rate within 14 days.



3. COVID-19 updates

Matt Pfeifer shared information on The American Rescue Plan Act. The provision will increase Federal Medical Assistance Percentage for Medicaid Home and Community-based Services spending by 10% from April 1, 2021 through March 31, 2022. States must submit a spending plan by June 12, 2021. The slide deck with additional information and proposals can be found at <https://hcpf.colorado.gov/arpa>.

CDPHE vaccine data can be found at <https://covid19.colorado.gov/vaccine-data-dashboard>.

4. 9-8-8 Stakeholder opportunities

Work is underway to implement the 9-8-8 phone number. There is significant work occurring to implement a crisis line in Colorado. Information on the scheduled listening sessions were provided. The listening sessions will be hosted by the Office of Behavioral Health (OBH) with the Colorado Department of Human Services. More information can be found at <https://cdhs.colorado.gov/behavioral-health/9-8-8-planning>.

5. Residential SUD Benefit Update

Victoria Laskey provided a brief update and overview of the SUD benefit. For access to treatment or a referral, there is a list of participating providers that can be found [here](#). The list is updated regularly. As the SUD benefit requires federal monitoring and evaluation, the Department has been working with a third party evaluator to gather data and report on this benefit in accordance with the 1115 waiver requirements. In response to some known issues, the Department held office hours for providers and increased their engagement with OBH. The RAEs have been doing a lot of work around process enhancements as the benefits come online. There is continued work on increasing RAE process standardization, including length of stay, authorization policy and policies regarding special populations.

The current SUD benefit enabled by the 1115 waiver does not include Medicaid members under 21 (MCHIP). The Department intends to amend the 1115 SUD waiver so that MCHIP may receive inpatient/residential SUD services at facilities that qualify as an Institute for Mental Disease. There is a public forum that will occur in the near future. A formal notice, a copy of the waiver amendment application, and the location to provide comments regarding the amendment will be made available on the Department's website: <https://hcpf.colorado.gov/ensuring-full-continuum-sud-benefits>. The Department will also host two virtual forums to answer questions and receive feedback about the amendment. The comment period will be open from June 1, 2021 until July 1, 2021.



Feedback was solicited from the group. There was feedback of the biggest issue being workforce, such as a need to see an enhanced support to create certified addiction specialists. A thought was shared for BHIS to continue to be informed of the SUD benefit. In response to a question regarding the timeline of the amendment to the waiver to include children and youth, the amendment application is being worked on expeditiously with plans to complete it within the current calendar year.

6. BHIS priorities discussion

Matt Pfeifer presented the Priorities Matrix results. The priorities include access to care; Diversity, equity, inclusion (DEI) and health disparities in behavioral health; Behavioral Health reform work; best practices for member engagement; what happens in Behavioral Health after COVID; telehealth in behavioral health, allowing for in-person visits too; 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; and workforce shortages. It was noted that there is overlap among the priorities.

There was a discussion on the priorities. A public participant suggested that PIAC make a recommendation regarding the 2765 legislative bill that the Behavioral Health Administration in conjunction with providers have formal legislative responsibility for individuals who are legally committed and who the crisis system currently supports. The participant also suggested that the subcommittee recommend the creation of an advisory workgroup focused on making recommendations on the following: 1) one-time infrastructure funds, 2) short-term funds like the opioid settlement dollars and 3) long-term funds. There was discussion related to whether these recommendations fit within the scope of BHIS subcommittee. It was also noted that there is alignment with SB19-222 requirements and the recommendation around legislative bill 2765. A member added that it could be helpful for BHIS a systematic look at what behavioral health initiatives are going on across the state and provide recommendations about what impact the initiatives have or could have on Medicaid members. A comment was made that there is concern with what happens with behavioral health after COVID. There was an article on Children's Hospital Colorado indicating that children are in a mental health crisis and so a thought was shared that BHIS be reported to regarding what the RAEs are doing and what HCPF is charging the RAEs to do. A comment was made for this subcommittee to review utilization numbers for behavioral health services, if possible. There was support in having some key focus action steps now and also calling out some aspirational goals. There was a suggestion and agreement with developing a charter or strategies that would map out some timelines and potential initiatives to ensure the subcommittee is proactively and a strategically looking at all of the things occurring in the state.

This discussion will continue in a future meeting.



7. Wrap up and next steps

The next meeting is scheduled for July 7, 2021. The meeting was adjourned.

