



Meeting Minutes Behavioral Health and Integration Strategies PIAC Subcommittee

Virtual Meeting

June 1, 2022, 9:00 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
- 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
- Imo Succo Southwestern Colorado Area Health Education Center
- Deb Hutson Office of Behavioral Health

Other Attendees:

- Carol Meredith The Arc of Arapahoe & Douglas
- Lakshmi Karra University of Colorado
- Jason Casey Denver Health
- Suman Mathur Colorado Health Institute
- Suzanne Kinney Colorado Community Health Alliance
- Maureen Carney Rocky Mountain Health Plans
- Matthew Dodson Axis Health Systems



- Laura Don Tri-County Health Department
- Mattie Brister Mile High Health Alliance
- Mona Allen Health Colorado, Inc.
- Susan Mathieu Farley Health Policy Center
- Emma Gilchrist Farley Health Policy Center
- Chris Matoush Rocky Mountain Health Plans
- Nancy Mace Health Care Policy & Financing
- Ryan Edan Health Care Policy & Financing
- Bethany Pray Colorado Center on Law and Policy
- Doug Muir Centura Health
- De'Janae' Guillory-Williams Farley Health Policy Center
- Callie Kerr Health Care Policy & Financing
- Tina McCrory Health Colorado, Inc.
- Kailey Meardon Southeast Health Group

2. Housekeeping

Sue Williamson called the meeting to order at 9:03 AM.

The group reviews the meeting minutes from the month of May 2022. Amanda Jones makes the motion to approve the minutes. Charles Davis seconds. No opposing votes or abstentions.

The group discusses membership and next month’s schedule.

- Deb Hutson is joining the group as a representative of the Office of Behavioral Health (OBH). This is to replace the representation filled by Camille Harding.
- July’s meeting will include a small closed-door session for voting members (the last 30 minutes of the meeting). This session will be a check-in with voting members to discuss any necessary process improvements.

Matt Pfeifer provided a COVID-19 update; the Public Health Emergency (PHE) has been extended to July 15, 2022. The federal government will provide notice 60 days in advance. The current assumption is that the PHE will be extended again in July.

- The Department continues to focus on vaccine outreach and work to address disparities. More information can be found at covid19.colorado.gov. HCPF is also focused on planning for the end of the Public Health Emergency: <https://hcpf.colorado.gov/phe-planning>.
- Charlie expresses that the messaging has been confusing (speaking from the provider perspective). Sue notes the ever-changing nature of this situation.



DOC Metric update

- HCPF transitioned to a new process for RAEs/MCOs to submit claims which has delayed the metric calculations.
- There continue to be a couple of issues in the data so results seem to be about 1% off.
- The expectation is for monthly updates to continue. Sue mentions that this committee started the DOC metric, and it's encouraging to see the change in trend over time.

3. SB19-195: integrated funding pilot (Susan Mathieu, Emma Gilchrist)

Susan Mathieu and Emma Gilchrist from the [Farley Health Policy Center](#) join the group to discuss the kick-off of [SB 19-195](#) work within their agency. This is a collaborative approach between the Colorado Health Institute (CHI) and the Eugene S. Farley, Jr. Health Policy Center.

De'Janae' Guillory-Williams and Lakshmi Karra join from the University of Colorado. Suman Mathur from CHI is here as well.

Susan gives an overview of the forthcoming work:

- The Colorado Department of Human Services (CDHS) and the Department of Health Care Policy and Financing (HCPF) are tasked with designing and recommending a child and youth behavioral health delivery system pilot program that addresses the challenges of fragmentation and duplication.
- The first step is to develop options for the State to consider as pilot models for this work.
 - Option development includes literature reviews, stakeholder engagement, and conversations with other state and national experts.
- There will be no more than 5 implementation options for this work. Following the option selections, CHI will take a lead to build consensus among the various stakeholders. A final report will be released.
- Braided and blended funding is a mechanism this project will use.

Services that are being targeted in this work:



- Intensive Family Therapy: multi-systemic therapy, functional family therapy, high fidelity wraparound
- Other intensive home and community-based services such as respite and day treatment

Susan walks through experience of other states, garnered through survey. There are 28 states with unique financing strategies (2006 survey).

- Virginia is highlighted as a case study ([Virginia's Children's Services Act](#)). This case study is selected as geographic distribution also includes rural and urban areas. Virginia is blending money from social services, juvenile justice, education, and behavioral health. It is difficult to blend federal dollars.

In Colorado we have [COACT Colorado](#), and [Momentum](#) programs. Susan proposes discussion questions to the group:

- What are some examples of youth behavioral health integrated funding?
 - Sue inquires how the previous [State Innovation Model](#) (SIM) program informing this work. Upstream work needs to be funded.
 - Susan clarifies this project will be more focused on high-intensity community services.
 - Elizabeth inquires as to how this pilot will differ from the wrap-around project being implemented by HCPF. Susan clarifies that this work is broader than high fidelity wrap around.
 - Charlie notes that one of the big issues is the “cliff”; whether it’s Medicaid or other carriers, when we try to get people re-integrated back into the community. People ask themselves “Do I get that first job that will kick me off Medicaid?” We don’t seem to have a stair-step down system. That becomes a major barrier as people risk losing the support.
 - Recommendation: [START program](#)
 - Recommendation: Peer recovery community
- Elizabeth notes the importance of local control vs. centralization. How do we deal with statewide equity and consistency? That’s an issue to be addressed.

Next steps:



- The group suggests a smaller workgroup to engage with this topic.
 - BHIS members and meeting participants are to follow-up with [Matt Pfeifer](#) if they would like to be included in a smaller workgroup.

4. ACC 3.0: Fee for service integrated visits and Behavioral Health Administration (BHA) alignment:

- Mark Queirolo has joined the group to continue the discussion around the Accountable Care Collaborative (ACC) 3.0, Fee for Service (FFS) integrated visits, and Behavioral Health Administration (BHA) alignment.
- The Department is starting external stakeholder engagement for ACC Phase 3.0 starting in July.
Mark asks the group for specific ways HCPF can effectively align Phase III design work with the implementation of the BHA.
 - Ensure that Medicaid services are equitable for people enrolled in Health First Colorado vs. people enrolled with other carriers.
 - Daniel notes that the BHA's role is to inform strategies statewide and what it looks like, and Medicaid is a huge part of that. The work should be inclusive not adjacent.
 - Taylor notes that from an administrative standpoint, there are a lot of entities that clinics/providers are responsible for reporting to. Be intentional about what is being reported to whom, especially for quality. Sites must report to Medicaid. Reducing administrative burden does have an impact on access for individuals.
 - Deb notes that there are issues that come up in the moment. It would be awesome to have a group to problem-solve and to get people un-stuck quickly.
- Mark turns to [Short-term Behavioral Health Services](#). How have those been working out?
 - Sue notes that it gives primary care providers an opportunity to address BH needs, especially for younger children. There was a lot of authorization confusion around episode of care. The biggest challenge is finding BH providers to do the work. Can we expand beyond the 6 visits? Need to clarify around definition of terms. The reimbursement isn't sufficient to address all the activities that need to happen.
 - **Sue to connect with Mark for further discussion**
 - Providers frequently run into the 6-session ceiling for patients. The benefit is helpful for short-term therapy during the post-natal period. Transitioning care when necessary is a challenge. Patients convey that when they are referred to mental health services in the community, there's long wait lists



and they don't get a call back. The warm handoff reduces the barriers. Transportation is a barrier, for convenience. There are also a lot of language barrier issues when patients are seeking mental health care in the community.

The next meeting is scheduled for July 6, 2022. The meeting was adjourned.

