



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Behavioral Health and Integration Strategies PIAC March 4, 2020 Meeting Minutes

Introductions:

- **Facilitators:**
 - Jeff Appleman: Dept. of Health Care Policy & Financing *Dept. Liaison*
 - Daniel Darting: Signal Behavioral Health Network *Co-Facilitator*
- **Voting Members (In Person):**
 - Sue Williamson: Colorado Children's Health Care Access Program
 - Camille Harding: CDHS: Office of Behavioral Health
 - Terri Hurst: Colorado Criminal Justice Reform Coalition
 - Tom Keller: Region MEAC & PIAC, Statewide PIAC
- **Voting Members (Phone):**
 - Stephanie Salazar-Rodriguez: Mile High Health Alliance
 - Heidi McMillian: Pediatric Partners of the Southwest
 - Heidi Haines: ARC of Colorado
 - Dr. Vicky Allen-Sanchez: Colorado Springs Fire Department
 - Tammy Phillips: Larimer County
- **In Person (Non-Voting Members):**
 - Ryan Larson: Colorado Access (RAE 3 & 5)
 - Lila Cummings: Colorado Hospital Association
 - Clay Cunningham: Community Reach Center
 - Gelissa Garcia Diaz: Colorado Community Health Alliance (RAE 6 & 7)
 - Pat Cook: Colorado Gerontological Society
 - Julissa Soto: Servicio de la Raza
 - Brian Standley: Creative Treatment Options, Inc
 - Elizabeth Holden: Colorado Community Health Alliance (RAE 6 & 7)
 - Allison Neswitt: Rocky Mountain Cancer Centers, DOC
 - Heather Salazar: Health Colorado Inc. (RAE 4)
 - Kelly Bowman: Mile High Behavioral Healthcare
 - Gabrielle Romero: Beacon Health Options
 - Alyssa Rose: Colorado Behavioral Healthcare Council
 - Mindy Klowden: Colorado Behavioral Healthcare Council



- Allison Romero: Mile High Behavioral Healthcare
- Gary Montrose: Young People in Recovery
- Tammy Walsh: Creative Treatment Options, Inc
- Johanne Doherty: Kaiser Permanente
- Lisa Harrison:
- Louisa Wren: Rocky Mountain Health Plans (RAE 1)
- Krista Cavataio: RMHP (RAE 1 & Crisis Services for RAE 1)
- Matt Sundeen: Dept. of Health Care Policy & Financing
- Mike Davis: Dept. of Health Care Policy & Financing
- Ben Harris: Dept. of Health Care Policy & Financing
- Amanuel Melles: Dept. of Health Care Policy and Financing
- Jenna Kapp: Dept. of Health Care Policy & Financing
- Matt Pfeifer: Dept. of Health Care Policy & Financing
- Leanna Major: Dept. of Health Care Policy & Financing
- John Laukkanen: Dept. of Health Care Policy and Financing
- **Call-In:**
 - Kailey Meardon: Southeast Health Group
 - Kyle Legleiter: Colorado Health Foundation
 - Nicole Konkoly: RMHP (RAE 1 & Crisis Services for the same region)
 - Candace Wolf: Creative Treatment Solutions
 - Deb Chandler: Mathews-Vu Medical Group
 - Keith Brown:
 - Alan Girard: Front Range Health Partners
 - Romero: Access Health Systems
 - Rita Bailey: Mile High Behavioral Healthcare
 - Kat Fitzgerald: Beacon Health Options (works with RAEs 2 & 4)
 - Marty Janssen: Colorado Access (RAEs 3 & 5)
 - Carl Ridner: Health Care Consultant
 - Doug: Centura Health
 - Ashley Phillips: Centura Health
 - Karl Bremer: Healthcare Consultant
 - Pamela Genarro
 - Amanda Wade: San Luis Valley Health
 - Tina Gonzales: HPI
 - Stacy Allen
 - Tina McCrory: Beacon Health Options
 - Mark Davidson: Colorado Learning and Behavior Group
 - Kevin Porter: AspenPointe
 - Jani Walter:
 - Brandon Wart: Mental Health Center of Denver
 - Amanda Wade: San Luis Valley Health



- Laura Dawn: Tri-County Health Dept
- Lyla Cunningham:
- Kim Cassidy: CCHA
- Anna: RMH
- Kim Nordstrom: Colorado Access
- Joanna Martinson: Colorado Mountain Region 1 & 2
- Colette Martin:
- Jeremy White: Region 2 & 4
- Christi Chaudry: SCL Health

- Doug Hanley Weld County DHS
- Corey Helms UC Health Mountain Crest
- Deborah Baker: Peak Vista
- Deb Louis: Mathews Vu Medical Group

Review Minutes Approval Process:

The previous meeting’s minutes were emailed to the Voting Members for feedback; no requests for edits were made. Sue Williamson thought the minutes were good and motioned to approve the February meeting minutes. Terri Hurst seconded the motion. The vote on the minutes was all “yes” (no nays or abstentions); the February meeting minutes were therefore approved.

DOC Discussion Metric Specification Document Review:

Jeff Appleman reviewed the Proposed RAE (Regional Accountable Entity) metric from the *PowerPoint* slide:

1. Behavioral health utilization for members releasing from state prisons:
 - a. Definition-Percentage of members released from state prisons with a behavioral health visit within fourteen (14) days.
 - b. Context-The The measure builds off of existing work done with DOC and aligns with mortality research. CBHC also defines “individuals at risk of the justice system” as inclusive of members who were previously involved.
 - c. Baseline (2016) is 7.0%

Stephany Salazar-Rodriguez asked whether the goal of members completing a behavioral health service within 14 days of their release, is too ambitious and if this would place an undue hardship on DOC and newly released members as they have other needs that they must prioritize as well.

Jeff stated that there were those with differing views on this, some that wanted to shorten the amount of time and others that wanted to lengthen the amount of time. The 14-day criteria was selected based on the available data which shows a sharp increase in mortality rates increases after 14 days. Our goal is that by increasing the number of individuals accessing these services, we will be better able to intervene



with individuals before issues arise. Jeff stated that he is open to altering the timeline if there is a consensus develops among the voting members.

Terri asked if any or all the RAEs would be penalized if they underperform on this metric; stating that, if there was no penalty, she would prefer to set an ambitious goal rather than an easily attainable one. Krista then asked what the source of this funding would be. Jeff stated that the proposed DOC Behavioral Health incentive will use the RAE's (Regional Accountable Entities) Performance Pool Dollars, which are leftover dollars from the RAEs' unachieved KPI (Key Performance Indicator) targets. He then added that the Department uses Performance Pool dollars incentive improved performance in specific areas and, therefore the goals are set to be both ambitious and attainable. We want the goal to be high enough to encourage the RAEs to prioritize this work while but also being realistic enough that, if they do so, they can realistically hit the target.

Sue asked if we should distinguish between appointments for care and other appointments, such as those completed for a member's intake. Dr. McMillon added that it is difficult to balance the workforce capacity of our state with what is clinically appropriate. Completing care visits within 14-days is clinically appropriate but there are on-the-ground workforce capacity issues that may make these goals unrealistic.

Tom Keller pointed out that telehealth services could be used to mitigate some of the delays caused by regional workforce capacity issues. Mindy suggested that each member should have a care coordination visit where they set a timeline for accessing these services, based on the needs of the member. Ben added that there may be a way to use DOC's clinical risk assessments to determine a sub-cohort of individuals that have more acute needs and/or are otherwise at greater risk if they do not receive a behavioral health care service soon after discharge.

Vicky asked us to also track the core members to continue to engage in services following their initial visits or whether there is a steep drop-off. Jeff encouraged the free exchange of ideas that occurred and stated that there would be continued opportunities to update this metric as we continue to review and assess the effectiveness of our work. Ben stated that, at this initial point, our goal is to set force a system that will ensure process continuity for how we measure this metric so that we can make improvements in future iterations.

Vicky asked what the shift away from DOC's network providers to Medicaid providers will mean for patrol and probation officers' interactions with providers; will their processes be updated? Additionally, Mindy asked if there was a benefit to maintaining DOC's network of providers so that we can use two funding sources rather than one.

Heather, from DOC (Department of Corrections), stated that many decisions have not yet been made, as they better align with Medicaid; she asked us to factor this in when making decisions. She elaborated that some programs, such as TASK, would be hard to eliminate. She added that there are many opportunities for DOC to support the RAEs; for example, DOC could be used to identify complex



members who have higher/more acute needs. Additionally, DOC will create 4 to 6 new positions that will be tasked with identifying the needs of members before their release.

Daniel stated that we may need to delve further into the KPI's payment methodology. Camille stated, as of implementation of ACC Phase II, a new benefit was created which allows each member 6 behavioral health visits in a primary care setting. She added that there was a correlating KPI that incentivized the RAEs to ensure access to these services and that data on that incentive would be useful. Ben stated that he could get more detailed data but that he is pretty sure that each RAE hit either the Tier 1 or Tier 2 target.

Heather stated that, with increased prevalence of MAT (Medication-Assisted Treatment) services in DOC facilities, further complicates things because there are additional Federal requirements that govern the sharing of this data, specially CFR-42 Part 2. The group continued to discuss the 14-day timeline and agreed it was appropriate to keep this and can refine as needed. Tom suggested that we considered a tiered method of tracking this incentive, where RAEs would receive full credit if a member accesses a service a visit within 7 days, partial credit if the member accesses a service within 14 days, and where they are penalized if the member does not receive a visit in a reasonable amount of time, for example, 30+ days.

Heather stated that DOC previously provided the RCCOs and BHOs (before ACC Phase II, the function of the RAEs was performed by the RCCOs, for physical health, and BHOs, for behavioral health) with the information of members that will be discharged in the upcoming week(s); she added that DOC is open to assist in bridging the process with RAEs and providers; many attendees felt that additional DOC support would make it much easier to hit the 14-day target.

Marty asked that the RAEs be given a reasonable amount of time to prepare for any changes to these processes; if the goal is to track specific services, Colorado Access would educate their providers on the incentive and about the services/codes we are tracking. Mindy added that some services being performed by FQHCs (Federally Qualified Health Centers) are not captured in our data and that we should find a way to build the services they are providing into the measure.

Jeff then asked for thoughts/opinions on how engagement should be defined in this measure; he summarized the concerns voiced by today's attendees, stating that some were concerned that some non-clinical services would count in this measure, such as intake appointments, while others have voiced concern that other services, such as those performed by FQHCs, will not be counted when they should. Camille said that it would make the most sense to align the codes we use for this measure with the codes used in the KPI Specification Document, for other behavioral health measures.

The discussion then turned to the limitations of regional data as compared to statewide data. Often, members will be assigned to a different region from the one they will eventually reside in; an over-the-phone attendee added that newly released members will often not appear on the correct RAE's roster until months after their release. Ben clarified that the measure will be the 5th metric in this fiscal year's performance pool (FY 19/20) and the 8th for FY20/21 (fiscal year 2020/2021) as of July.



The group proposed adding a reference to the KPI methodology and adding a statewide measure to the RAE metric. Jeff stated he would edit the metric and email the revised document to the voting members by 3/9 so that they can vote to approve the document before Daniel, Jeff and Sue's presentation to the statewide PIAC (Performance Indicator Advisory Committee).

Crisis Service Topic Review:

Jeff asked the attendees what information, data, etc. they would need to have a robust and productive conversation on Crisis Services during next month's meeting. Camille volunteered to bring her PowerPoint Presentation on the crisis hotline crisis contractors. She added that we can also use Krista's and Daniel's expertise since they each work for crisis contractors. Some in attendance stated that we should begin the conversation with the crisis hotline, as they are tasked with triaging calls to the ASO's and would be able to provide feedback on all their calls and the criteria they use to assess whether an ASO should be contacted. The Group stated that a basic/101 level-setting presentation would be beneficial as a starting point to the conversation. The group would like the presentation to include data on those with court certifications for treatment and an initial framework for this incentive. The attendees stated that, during the next meeting, they would begin mapping out the services in a transparent and obvious way, so that we can be aware of duplicate work being done and to avoid silo-ing. Lastly, Dr. McMillian also asked for data, specifically on the ASO's interactions with children.

Behavioral Health Task Force Update:

The Next Behavioral Health Task Force Meeting is March 13 from 9:00 AM to 12:00 PM at 1570 Grant St, Hibiscus conference room.

Subcommittee Housekeeping and Feedback:

The next meeting is April 1, 2020, and the group still needs to send voting member nominations to Jeff as there is one available position and would love for this to be a behavioral health provider. Jeff, Daniel, and Sue will be presenting the RAE metric to the statewide PIACE on March 18. Lyla from the hospital association stated there will be a meeting for the Colorado New Advanced Psychiatric directives on March 6, and encouraged everyone to attend. The Meeting adjourned at 10:32 am.

