COLORADO
Department of Health Care Policy & Financing

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

Virtual Meeting

March 3, 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 — Colorado Children's Health Care Access Program (Co-Chair)
- Amanda Jones — The Center for Mental Health
- Mary Ellen Benson — Diversus Health
- Terri Hurst — Colorado Criminal Justice Reform Coalition
- Tom Keller — Regional MEAC & PIAC, Statewide PIAC
- Vicki Allen-Sanchez — Colorado Springs Fire Department
- Camille Harding — CDHS: Office of Behavioral Health
- Monique McCollum — Parent of special needs kids
- Stephanie Salazar-Rodriguez — Mile High Health Alliance
- Tammy Phillips — Larimer County Department of Human Services
- Heidi McMillan — Pediatric Partners of the Southwest

Other Attendees:

- John Carlson — Health Colorado, Inc. (RAE 4)
- Marjorie Champenoy — Rocky Mountain Health Plans (RAE 1)
- Doug Muir — Centura Health
- Cathy Michopoulos — Health Colorado, Inc. (RAE 4)
- Camila Joao — Colorado Community Health Alliance (RAE 6 & 7)
- Alan Girard — Front Range Health Partners
- Clay Cunningham — Community Reach Center
- Alyssa Rose — Beacon Health Options (RAE 2 & 4)
- Jen Hale-Coulson — Northeast Health Partners (RAE 2)
- Rewa Bailey — Mile High Behavioral Healthcare
- Kellen Roth — Colorado Access (RAE 3 & 5)
- Krista Cavataio — Rocky Mountain Health Plans (RAE 1)
- Emily Vellano — Clinica Family Health
- Valerie Baughman — Parkview Medical Center
- Kelly Bowman — Health Colorado, Inc. (RAE 4)

• Imo Succo, MSW	Regional Health Connector, Southwestern Colorado
• Lila Cummings	Colorado Hospital Association
• Moses Gur	Colorado Behavioral Healthcare Council
• Tina Gonzalez	Beacon Health Options
• Tina McCrory	Health Colorado (RAE 4)
• Pat Cook	
• Sarah LaRue	Colorado Community Health Network
• Shaye Meissen	
• Gary Montrose	
• Jeremy White	Beacon Health Options
• Norbert Peyfuss	Health Care Policy & Financing
• Milena Guajardo	Health Care Policy & Financing
• Michael Davis	Health Care Policy & Financing
• Melissa Eddleman	Health Care Policy & Financing
• Victoria Laskey	Health Care Policy & Financing
• John Laukkanen	Health Care Policy & Financing
• Amanda Jacquecin	Health Care Policy & Financing
• Ben Harris	Health Care Policy & Financing
• Amy Luu	Health Care Policy & Financing

2. Housekeeping

Matt Pfeifer called the meeting to order at 9:02 AM. Minutes from the month of February were approved. No abstention. There will be a delay in having the minutes posted due to the Department's transition into a new website platform.

Matt Pfeifer presented updated DOC metric data. Similar trends were seen. It was noted that an upward mobility was seen. Some of the Regional Accountable Entities (RAEs) had an increase in their 14 Day BH engagement measure to about 15%-18%.

3. COVID-19 updates

Matt Pfeifer provided COVID-19 updates. The Public Health Emergency (PHE) was extended to April 20. The PHE will likely be extended in 90 day increments throughout 2021. Health and Human Services will provide states with 60 days notice when a decision is made to terminate the PHE or let it expire. Vaccine phases have been updated and can be viewed here: https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans.

4. Behavioral Health Task Force implementation participation opportunities

Matt Pfeifer provided an update on Behavioral Health Task Force opportunities for engagement. Workgroups are in the process of being implemented. The current implementation workgroups include Co-occurring Disabilities and Behavioral Health, and Workforce Development. Upcoming implementation workgroups are Medicaid Alignment and Private Insurance Alignment. More information can be found here: https://cdhs.colorado.gov/behavioral-health-reform.

5. 2021 BHIS Priorities Breakout Discussions

Daniel Darting provided an introduction on this group's focus. The PIAC Community Vision is "A health care system that improves member health outcomes by supporting providers, engaging members, advancing equity, decreasing avoidable costs, and increasing overall value." The PIAC Community Mission is "To assist the Department of Health Care Policy and Financing (Department) and Regional Accountable Entities (RAEs) with the implementation and execution of the ACC and its following objectives: 1. Join physical and behavioral health under one accountable entity; 2. Strengthen coordination of services by advancing team-based care and health neighborhoods; 3. Promote member choice and engagement;4. Pay providers for the increased value they deliver; and 5. Ensure greater accountability and transparency."

Breakout group 1 provided a summary of their discussion. The priorities discussed were an interest in seeing care coordination as a critical issue and helping unify how it is prioritized within health delivery systems, as now it's mostly on the member to follow up on their care plan. Additionally, priority was noted around technology and technological parity, especially considering the rural nature of many communities, whether it's not having an electronic health record (EHR) or the whole state having 14 EHRs making it difficult for data sharing.

Breakout group 2 provided a summary of their discussion. A goal they discussed was movement forward in continuing to look at access to care for members seeking behavioral health care and continuing to look at integration strategies. An example of the things that still seem complicated in the current system is that individuals seek treatment but often times there is a delay in being able to get access to initial behavioral health care and that there is fragmentation about the process of being able to enroll in services. There is a desire to look at efforts of streamlining how quickly people get access to care when they seek it and looking at streamlining processes to be able to actively engage in treatment.

Breakout group 3 provided a summary of their discussion. The group made general observations of the difficulty to fully integrate behavioral health when the payment structures are misaligned. The funding streams are siloed where there is capitation for behavioral health and FFS for physical health. There was uncertainty if this was something the group could work on and discuss. It was mentioned that until the funding streams are better aligned to create the right incentives for providers and members, then it will continue to be a challenge. Another observation was made that the conversations appear to be very urban Denver-centric focused. There is a need to remember that resources, access to care and the delivery system looks very different on a regional basis, especially in rural and remote areas. There was a discussion about data and how to learn from one another to create best practices to a whole centric health as there's an overlap in physical, behavioral and oral health measures. In order to achieve health equity, there is a need to think of behavioral health as a component of family health, population health, and neighborhood health. This holistic approach will lead to improved equity. A thought was shared that there are opportunities around foster care, early childhood and the programs that operate out of the Colorado Department of Human Services (e.g., early intervention), and where there are intersections with Medicaid for children and youth.

Breakout group 4 provided a summary of their discussion. An area discussed for consideration of focus were services for the IDD population and integrating this. Access for children's services, understanding children's behavioral health needs and what further integration should look like was discussed. There was a brief discussion about the SUD residential expansion benefit and what this means for the mental health residential benefit and the IMD exclusion and if there should be some consideration for alignment. Also discussed was technology, HIE, and how EHRs are connected with HIEs.

Breakout group 5 provided a summary of their discussion. They discussed barriers to access behavioral health care, particularly for low income communities of color. There was also a discussion around how the COVID crisis has exacerbated the need for behavioral health care in these communities. Additionally they discussed the possibility of a model, rather than bringing people to behavioral health care services or facilities, bringing health care to them as a way to be effective and aware. This is similar to what is happening with physical health with using a Promotora model. There were thoughts that the DOC and crisis services work has only been scratched on the surface and wanting to potentially look more upstream in terms of prevention. It was discussed if there was a possibility for overlap with what hospitals are doing around the Hospital Quality Incentive Payment (HQIP). In regards to the Zero Suicide framework with crisis services, are there other opportunities across the behavioral health care continuum and outside

of it to ensuring all are looking at zero suicide? Lastly, it was discussed of a focus on children, youth and families.

Breakout group 6 provided a summary of their discussion. Access to care issues were mainly discussed. There was agreement that access to care is an ongoing challenge that doesn't seem to have a one size fits all answer. It's much more than just checking a box and there's a need to get out of this mentality of just checking boxes when helping to link members with the services needed. Some of the conversations did identify that outside of urban areas looked different and would need to be thought through in different ways, such as rural and frontier areas. Data sharing and having a central platform of being able to communicate are the big dream vision. It is wanted to not duplicate efforts and to identifying who is in charge of what.

Breakout group 7 provided a summary of their discussion. They discussed promoting diversity in health care professions, specifically in behavioral health. Each participant shared their experiences such as, educating others on Native American cultural awareness.

6. Wrap up and next steps

The next step identified is to continue further discussion of BHIS priorities and develop more clarity into potential objectives of what the group is seeking in a specific topic area. The next meeting is scheduled for April 7, 2021. The meeting was adjourned.