



Meeting Minutes Behavioral Health and Integration Strategies PIAC Subcommittee

Virtual Meeting

March 2, 2022 9 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 (Co-Chair) Colorado Children's Health Care Access Program
- Amanda Jones Community Reach Center
- Tom Keller Regional MEAC & PIAC, Statewide PIAC
- Mary Ellen Benson Diversus Health
- Taylor Miranda Thompson Colorado Community Health Network
- Elizabeth Freudenthal Children's Hospital Colorado
- Camile Harding Office of Behavioral Health
- Charles Davis Crossroads Turning Points
- Nina Marinello SCL Health

Other Attendees:

- Laura Don Tri-County Health Department
- Marjorie Champenoy Rocky Mountain Health Plans
- Mattie Brister Mile High Health Alliance
- Mona Allen Health Colorado, Inc.
- Joseph Anderson Colorado Access
- Audrey Oldright Rocky Mountain Health Plans
- Jennie Munthali CO Dept. for Public Health & Environment



- Matthew Dodson
 - Ashleigh Philips
 - Suzanne Kinney
 - Karen Masters
 - Kelly Bianucci
 - Genevieve Frasier
 - John Laukkanen
 - Tina McCrory
- Axis Care
 - Centura Health
 - Colorado Community Health Alliance
 - West Pines
 - The Child and Family Therapy Center of Denver
 - HealthONE
 - Health Care Policy & Financing
 - Health Colorado Inc.

2. Housekeeping

Daniel Darting called the meeting to order at 9:03 AM. The committee welcomed three new members in March: Elizabeth Freudenthal from Children’s Hospital Colorado, Taylor Miranda Thompson from the Colorado Community Health Network (CCHN), and Charles Davis from Crossroads Turning Points.

Minutes from the month of February 2022 were approved. No opposing votes or abstentions.

Matt Pfeifer from the Department discusses a newly available Provider Complaint Form. In response to feedback, the Department has developed a [managed care provider complaint form](#). The form is posted at the bottom of the first table on the <https://hcpf.colorado.gov/provider-help> webpage.

- Suggestion from the sub-committee to consider renaming the form to something different than a “complaint” form. Perhaps it could be a feedback form or an issues form.
- The Department monitors and addresses each submission that comes in.
- The form is primarily meant for Providers in the Managed Care realm. The form is intended to escalate (Managed Care) issues that have not been addressed to satisfaction.
- The appropriate RAEs will be involved with resolution of each submission.

Matt provided a brief COVID-19 update; the Public Health Emergency has been extended to April 16, 2022. The Department continues to focus on vaccine outreach and work to address disparities. More information can be found at covid19.colorado.gov.

Matt presented the regular update of Department of Correction (DOC) Behavioral Health (BH) engagement data including:



- 14 day BH engagement rate by RAE
- 30 day BH engagement rate by RAE
- 14 day BH engagement rate stratified by race and gender
- 12 month rolling monthly release count

Matt shares more details on the target rate and RAE performance. About half of the RAEs are meeting the target rate of 19.1%. The state over all is exceeding the target rate. The trend line continues to be positive.

The BHIS group requests clarification on how the target gets decided and why the goal is what it is. Clarification is needed regarding what BHIS's ongoing role with this data is.

3. I Matter Implementation Update - Laura Gabbay, Office of Behavioral Health

Luara Gabbay from the Office of Behavioral Health (OBH) joins to group to provide an update on the [I Matter](#) program implementation.

I Matter was funded through [House Bill \(HB\) 21-1258](#). There are proposals to the legislature to continue funding this program for two more years. The program is open to youth 18 years of age or younger or 21 years of age or younger if receiving special education services.

The I Matter program is not just a program but also an awareness campaign.

Laura presents the I Matter platform to the group and gives a demonstration of what the user sees while navigating the website.

- Before a user can schedule an appointment, they are directed to a brief survey (there is a parent version and a youth version which during user testing took about 5-15 minutes to fill out).
- The survey includes questions around social determinants of health (SDOH). Appointments are available as soon as four hours after the individual fills out the survey.
- Individuals presenting with suicidal ideation are referred to Colorado Crisis Services.



- Currently, there are more telehealth sessions available than in-person appointments. Appointments are offered 7 days a week, from 7am - 8pm.

Laura shared data from a recent advertising campaign that launched.

Funding for I Matter currently expires June 30, 2022. OBH is optimistic there will be an opportunity to expand the program. So far, the program has provided support for 42 out of Colorado's 62 counties. Support from the Governor's Office has also proved beneficial, including Governor Polis calling out the I Matter program during his [annual State of the State](#).

I Matter is interested in hearing from youth who have benefited from the program and are willing to share their stories. There are incentives to participate in spreading the word. The program is currently targeting rural and frontier counties. I Matter is gaining traction in Pueblo, the San Luis Valley, and Northeastern Colorado.

Laura shares the [I Matter digital toolkit](#) with the group and encourages dissemination. Community members can also order [free print materials](#). Laura offers to come present in community spaces to spread awareness of the campaign.

Questions from the BHIS group:

- How can interested providers engage?
- How can we recruit more providers? The I Matter program is currently focusing on adding in-person participation for the program.
- How is the program tracking outcomes?
 - Currently there is data on sessions held and how many participants. There are staff trained in evaluation on the I Matter team and a mid-term legislative report will be released on the [CHDS website](#).
- Can the program work with group practices? Daniel Darting confirms the program can work with group practices.
- How is this program impacting the broader workforce shortage crisis?
 - I Matter implementation staff agree and confirm this is something that was thought through during program planning. If there are youth that need services beyond the initial touchpoint, the program can help facilitate that care coordination transition. Making connections early has a downstream effect on our entire system.



Further feedback is welcome at support@IMatterColorado.org

4. BHIS Discussion Recap and Moving Forward (all)

BHIS has recently discussed several initiatives related to access to behavioral health, with a focus on youth access to behavioral health. The group discusses next steps related to putting gathered information into action.

- Sue notes the intention to support Department-related initiatives (such as [SB-195](#) implementation work) and wanting to align this committee's work with both Department initiatives and RAE work.
- Elizabeth asks about the next phase of the ACC and what will the BH component look like. This is an area BHIS should be concerned with.
 - Matt Pfeiffer confirms this stakeholder group will be involved.

Matt inquires if there are any current gaps in BHIS knowledge that need to be addressed or expanded upon. Recommendations include:

- Value-based payment models (potentially in the BH space)
- [SB 222 framework](#) and recommendations
- Systems-level discussions on access to BH for youth
- [6 BH visit benefit](#), particularly when a member themselves select a mental health center or BH provider to do those services

Daniel prompts the group to think about next steps. There is an infinite opportunity to grow access to children and youth BH services; that is the overarching focus the group is seeking to put work into.

- Amanda Jones encourages alignment with initiatives from within the ACC. The group should focus on something that is practical and can be used within the system. Suggests a focus on efforts that will decrease duplication.
 - Matt clarifies that this group is not meant to be another Behavioral Health Administration workgroup, which is the balance the group is navigating.
- Daniel suggests a focus on care coordination. What do the RAEs see as gaps in services?



- Matt proposes different ways to ask RAEs for that feedback; this is an opportunity.
- Sue is interested in Department data related to supply and demand of services for children and youth, and focusing the groups energy on where the gaps are.

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

