



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

Virtual Meeting

May 5, 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
- Tom Keller Regional MEAC & PIAC, Statewide PIAC
- Terri Hurst Colorado Criminal Justice Reform Coalition
- Tammi Philips Larimer County Department of Human Services
- Vicki Allen-Sanchez Colorado Springs Fire Department
- Camille Harding CDHS: Office of Behavioral Health
- Stephanie Salazar-Rodriguez Connect for Health Colorado
- Monique McCollum Parent of special needs kids

Other Attendees:

- Marjorie Champenoy Rocky Mountain Health Plans (RAE 1)
- Cris Matoush Rocky Mountain Health Plans (RAE 1)
- Matthew Wilkins Health Solutions
- Kelly Bowman Health Colorado (RAE 4)
- Imo Succo Regional Health Connector, Southwestern Colorado
- Jeremy White Beacon Health Options (RAE 2 & 4)
- Christopher Garcia Denver Health
- Leslie Patterson Envida
- Elizabeth Freudenthal Children's Hospital Colorado
- Joseph Anderson Colorado Access (RAE 3 & 5)
- Karen Masters SCL Health
- Andrea Mercier Colorado Community Health Network
- Taylor Miranda Thompson Larimer County DHS
- Tammy Phillips Colorado Access (RAE 3 & 5)
- Kellen Roth Front Range Health Partners
- Alan Girard San Luis Valley Health
- Amanda Wade



- Camila Joao Colorado Community Health Alliance (RAE 6 & 7)
- Kim Cassidy Colorado Community Health Alliance (RAE 6 & 7)
- Tina Gonzales Beacon Health Options (RAE 2 & 4)
- Clayton Cunningham
- Moses Gur Colorado Behavioral Healthcare Council
- Sandra Grossman Health Care Policy & Financing
- Erin Herman Health Care Policy & Financing
- Audrey Keenan Health Care Policy & Financing
- Callie Kerr Health Care Policy & Financing
- Amy Luu Health Care Policy & Financing
- Shingo Ishida Health Care Policy & Financing
- Victoria Laskey Health Care Policy & Financing
- Courtney Phillips Health Care Policy & Financing

2. Housekeeping

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

A reminder was provided that meeting materials are posted and available on the [BHIS website](#).

It was announced that the Behavioral Health Administration (HB 21-1097) bill was signed into law on 4/22/21.

Matt Pfeifer presented the November 2020 DOC Metric data. There was an increase seen in the 14 Day Behavioral Health Engagement measure but there are still some disparities between the regional accountable entities (RAEs). The 30 Day Behavioral Health Engagement measure mirrors the 14 day behavioral health engagement measure, except there is more of an increase seen with the additional weeks. The data was categorized by race and gender where the trends were still positive with disparities prevalent.

3. COVID-19 updates

Matt Pfeifer provided COVID-19 updates. The Public Health Emergency (PHE) has been extended through July 14 and based on communication from the federal government is that it will be extended in 90 day increments throughout the calendar year of 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. A good resource for vaccine data can be found here: <https://covid19.colorado.gov/vaccine-data-dashboard>.



4. New voting member application process

Daniel Darting presented on the voting member application process. The short application was shared in the Constant Contact email and posted to the BHIS webpage. The application process is open until the next BHIS meeting on June 2. Current voting members will vote on applications. The goal is to be demographically, regionally and professionally diverse.

5. Crisis services recommendations review and vote

Daniel Darting presented the crisis services recommendations. BHIS recommendations were that HCPF create policy guidance for monitoring how RAEs are collaborating with regional ASOs; HCPF and RAEs replicate and expand on effective and existing community coordination efforts; and that representatives from PIAC, BHIS, HCPF, RAEs and ASOs participate in Behavioral Health Reform as initiated by the Behavioral Health Task Force.

The crisis services recommendations were approved. A discussion occurred around the next steps of these recommendations. The recommendations will go to the Program Improvement Advisory Committee (PIAC) for approval. Voting members will be notified of when these discussions will occur with PIAC. Then it will go to the Department for a review and discussion of how it fits in to the Department's work and Accountable Care Collaborative Program. Lastly, the Department will then present the work to the BHIS subcommittee.

6. Updating BHIS objectives

The initial BHIS strategic planning discussion occurred on March 3. A summary of March's breakout session and PIAC's discussion of potential BHIS objectives was presented.

The ideas discussed in the initial breakout session were to focus on crisis services and DOC related work; access to care; diversity, equity, inclusion (DEI) and health disparities; specific populations (ex. early childhood population, individuals with IDD, youth in out of home placement); Behavioral Health reform work; and improvement on the collection, understanding and use of data.

PIAC discussed objectives to expand the use of peer support services, best practices for member engagement, the Behavioral Health Authority/Behavioral Health Reform, "What happens in Behavioral Health after COVID?" and the structures within the ACC to ensure comprehensive supports.

Discussions occurred after meeting attendees were separated into groups.



One breakout group discussed what happens after COVID. It was stated that DEI and health disparities needs to remain a topic on the table. They also discussed the lack of credentialed staff after COVID in the peer recovery model, access to care and the importance of maintaining telehealth.

The next breakout group discussed that, even though there are a million conversations happening in the Behavioral Health Reform space and not wanting to repeat this, it is appropriate for this subcommittee to think about the specific ACC/RAE behavioral health model in the context of Behavioral Health Reform. A main issue identified was streamlining payment models across the RAEs, as it's difficult to maintain a workforce due to the different payment structures. Also discussed, was health equity and some barriers with the current Medicaid model. For example, the Medicaid application does not allow applicants to indicate whether they identify as LGBTQA+. However, other data sources show that those who identify as LGBTQA+ are at risk of health disparities and in need of increased behavioral health services. The discussion then transitioned to the topic of workforce and having access to culturally competent behavioral health providers for people in communities that speak a language other than English. Lastly, they discussed giving members the choice of in-person or virtual appointments.

The next breakout group echoed focusing on the Behavioral Health Administration and Behavioral Health Reform. The breakout group wants to ensure that Medicaid members and the BHIS subcommittee voice are engaged in these conversations. Additionally, the group recommended focusing more on person-centered services and interagency collaborative expansion to avoid any duplication of efforts. The group also recommended looking at data sharing efforts and alignment. For example, looking at the Key Performance Indicators and other data sharing requirements. The group identified an opportunity to look at what is occurring across the state and what local initiatives subcommittee members might be working on. Lastly, the group expressed a desired to focus on the substance use disorder inpatient residential benefit because it's still very new and there appears to be a lack of knowledge of this from the community.

The final breakout group discussed a baseline need for broader availability for children and youth behavioral health services. It was discussed that the Behavioral Health Task Force, the children's behavioral health subcommittee and alignment with the Behavioral Health Reform would satisfy that need. Also discussed was not only relying on telehealth for behavioral support but also relying on in-person visits, which includes a need to support transportation services. The group then discussed the ongoing need to encourage member comfort with accessing behavioral health services due to the stigma of pursuing behavioral health care. The group also discussed the value of peer and peer-based services as well as getting help from the member engagement advisory council if they decided to move in this direction. Lastly, they



discussed workforce and the need for many of them and to think about what that commitment needs to be. In connecting back to the first topic, alignment with Family First Prevention Services Act was mentioned to avoid out of home placement but there's a need to build the behavioral health system first. This need to build the behavioral health system applies for Medicaid and other insurances.

The next step is for voting members to review and rate the general ideas and themes against the Strategy Screen Updates prior to the next meeting. These findings will then be presented in the next meeting.

7. Wrap up and next steps

A voting member, Vicki Allen-Sanchez, was recognized for her engagement as she will be transitioning into a new position and will not be continuing her BHIS voting membership. The group was reminded to submit BHIS voting member applications by June 2.

The next meeting is scheduled for June 2, 2021. The meeting was adjourned.

