



**MINUTES OF THE MEETING OF THE
BEHAVIORAL HEALTH AND INTEGRATION STRATEGIES (BHIS)
SUBCOMMITTEE
DEPARTMENT OF HEALTH CARE POLICY & FINANCING (HCPF)**

Virtual Meeting
Video conference: meet.google.com/npv-fjqb-ymg
Call-in number: (US) +1 657-845-0818
PIN: 389 037 673#

November 3, 2021, 9:00 - 10:30 A.M.

1. Introductions

Daniel Darting called the meeting to order at 9:01 a.m. Voting member attendance and roll call were taken.

Facilitators:

- Daniel Darting Signal Behavioral Health Network (Co-Chair)
- Sue Williamson Colorado Children’s Health Care Access Program (Co-Chair)
- Matt Pfeifer Health Care Policy & Financing (Department Liaison)

Voting Members:

- Imo Succo Southwestern Colorado Area Health Education Center
- Mary Ellen Benson Diversus Health
- Camille Harding Office of Behavioral Health
- Monique McCollum Parent
- Tammy Phillips Larimer County DHS
- Tom Keller CO Program Improvement Advisory Committee
- Nina Marinello SLC Health
- Amanda Jones Community Reach Center

Other Attendees:

- Tina Gonzales Beacon Health Options
- Erin Herman Health Care Policy & Financing
- Megan Comer Health Care Policy & Financing
- Vicki Allen-Sanchez Beacon Health Options
- Doug Muir Centura Health
- Sandra Grossman Health Care Policy & Financing
- Youngsin Joh Dept. of Human Services
- Robyn Tharp Consultants for Children, Inc.

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- Joseph Anderson Colorado Access
- Cris Matoush Rocky Mountain Health Plans
- Emilee Kaminski University of Colorado
- Suzanne Kinney Colorado Community Health Alliance
- Marjorie Champenoy Rocky Mountain Health Plans
- Kelly Bowman Health Colorado
- Maureen Carney Peak Pediatrics
- Krista Cavataio Rocky Mountain Health Plans
- Allison Daley Partners for Children’s Mental Health
- Laura Don Tri-County Health Department
- Elizabeth Freudenthal Children’s Hospital Colorado
- Alexandra Hulst Rocky Mountain Health Plans
- Bridie Johnson Colorado Coalition for the Homeless
- Breeah Kinsella Colorado Providers Association
- Susan Mathieu University of Colorado School of Medicine
- Jill McFadden Front Range Health Partners
- Taylor Miranda Thompson Colorado Community Health Network
- Audrey Oldright Rocky Mountain Health Plans
- Lindsay Reeves Health Care Policy & Financing
- Jeremy White Beacon Health Options
- Janice Curtis Mind Springs Health
- Kelli Gill Anthem, Inc.

2. Six Behavioral Health visit benefit case study

Dr. Cecile Fraley, Practice CEO at Pediatric Partners of the Southwest

Dr. Fraley provides the group with an overview of how her primary care practice has incorporated the [6 short-term behavioral health visit benefit](#) offered through Health First Colorado (Colorado’s Medicaid program).

- The benefit is exclusively for Medicaid members and must be delivered in a primary care setting by a behavioral health provider enrolled in Medicaid.
- The goal of including this in the Accountable Care Collaborative (ACC) Phase II was to increase access to behavioral health for low-acuity conditions. The benefit doesn’t add new codes or solve for integrated behavioral health, but it is a tool in the toolbox for primary care physicians (PCPs).

Dr. Fraley describes the practice as serving about 10,000 kids in Southwestern Colorado. The practice is in [Regional Accountable Entity \(RAE\) Region 1](#) and Dr. Fraley notes the collaborative relationship with Rocky Mountain Health Plans (RMHP). RMHP provided monetary resources to the practice which launched their integrated behavioral health care team.



Dr. Fraley presents data used to give the practice and RMHP a snapshot of what kind of kids are being served and how the behavioral health team (comprised of three people) is using their time. The practice tracks the data based on insurance and some of the diagnoses. The practice uses a team-based care model.

Dr. Fraley notes the administrative process the practice team needed to implement to provide this service (how to bill, how to get approval, etc.). The practice uses a “hotspotting” approach. The practice uses the data collected to determine if the kids are going to need on-going therapy and then connects them with resources if so.

Workforce shortages are cited as a regular challenge the practice faces.

Strategies employed by Pediatric Partners of the Southwest to provide this benefit:

- Meet-and-greets conducted by integrated behavioral health team
- “Resiliency visits” at transitional ages
- Proactively identifying social determinate of health (SDOH) needs
- Identifying families that are high-risk during pregnancy and offer the 6 visit benefit proactively

Sue reminds the group that the purpose of the 6 visits is to address low-acuity cases, especially for younger kiddos that the services weren’t always available to when a covered diagnosis was required.

Dr. Fraley notes that from a retention perspective, the behavioral health providers have appreciated this team-based care model as it helps the providers get upstream. Dr. Fraley notes that this model gives the practice more of a chance to support families with social determinates of health needs. This makes the practice more of a medical home.

Daniel Darting asks about clinician availability to provide these services as this workforce shortage is a larger pattern. Dr. Fraley notes that their behavioral health team has remained fully staffed; the limiting factor being whether they have openings or not at the time the service is needed.

Pediatric Partners of the Southwest care team has experimented with group well-visits and group therapy prior to COVID but has had trouble getting traction due to logistics.



3. Framing BHIS discussions

Daniel Darting

Considering new BHIS members joining, the group would like to re-visit the work BHIS engages in and ensure clarity of the groups' mission. This conversation is in conjunction with the larger Program Improvement Advisory Council's (PIAC) efforts to reflect on what topics they are discussing.

In BHIS, the overarching theme seems to be around improving access to behavioral health care. Access is not just about there being a place but there being the right place, with the right service, at the right time.

- Related initiatives and programs:
 - o HB1258 - [I Matter](#) campaign
 - o [6 short-term behavioral health visit benefit](#) offered through Health First Colorado (Colorado's Medicaid program)

Daniel facilitates discussion with the group around if this feels like the right approach and what are some additional places that the group is wanting to explore.

- Workforce is identified as a continued top priority. The group seeks to tailor their workforce discussions to Medicaid while also aligning with the statewide approach (e.g. Colorado Behavioral Healthcare Council committee meetings)
- The group should continue to investigate the partnerships with each RAE; how are the RAEs working to promote access to youth services?

4. Housekeeping

A. Wrap up on HB21-1258

Daniel Darting provides an implementation update on HB21-1258, which has been branded as [I Matter](#). Right now, the focus is on telehealth and increasing provider capacity.

B. Meeting minutes

The group takes a vote on the October 2021 meeting minutes. Amanda Jones motions to approve; Sue Williamson seconds. All voting members vote "aye"; there are no opposing votes. The October 2021 meeting minutes are approved.

New BHIS member Nina Morello introduces herself and is welcomed to the group.

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Standard reminder that materials are posted to the BHIS webpage.

C. COVID-19 updates

Matt Pfeifer updates the group on continued work by the Department to support community partners, organizations, and Medicaid Members; there is specific focus on closing the disparities gap between the Medicaid population and the overall statewide population.

There has been emergency approval for children ages 5-11 to receive the vaccine; the Department is aligning with these efforts.

[The Department's plan](#) for allocated American Rescue Plan Act of 2021 (ARPA) funds has been approved by the Centers for Medicare & Medicaid Services (CMS) and the Colorado Joint Budget Committee (JBC).

The Colorado [Behavioral Health Transformation Task Force](#) is working in the interim between regularly-scheduled legislative sessions. The task force must issue a report with recommendations to the General Assembly and the Governor on policies to create transformational change in the area of behavioral health using money the state receives from the federal coronavirus state fiscal recovery fund.

Updated COVID-19 data can be found on the [Colorado Department of Public Health & Environment \(CDPHE\) dashboard](#).

D. Department of Corrections (DOC) metric review

Matt Pfeifer presents the monthly review of the DOC metric data that the BHIS sub-committee helped to create for the Department. The metric illustrates behavioral health (BH) engagement of members who have been released from the DOC in a 14-day time period. The metrics is statewide. The trend continues to be positive. The 30-day engagement rate continues to improve as well.

It is noted that the population with the highest rate of BH engagement are white females, followed by non-white females. White males are the second-least likely to engage. The population with the lowest engagement rate is non-white males.

5. Wrap-up and next steps

The group decides to cancel the December meeting. Next meeting scheduled for January 5, 2022.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303-866-3369 or matthew.pfeifer@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

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