



Behavioral Health and Integration Strategies PIAC September, 2 Meeting Minutes

Introductions:

Facilitators:

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| • Jeff Appleman: | Dept. of Health Care Policy & Finance | Dept. Liaison |
| • Daniel Darting: | Signal Behavioral Health Network | Co-Facilitator |

Voting Members:

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| • Sue Williamson: | Colorado Children's Health Care Access Program |
| • Camille Harding: | CDHS: Office of Behavioral Health |
| • Amanda Jones: | Center for Mental Health |
| • Dr. Vicky Allen-Sanchez: | Colorado Springs FD |
| • Tom Keller: | Region MEAC & PIAC, Statewide PIAC |
| • Stephany Salazar-Rodriguez: | Mile High Health Alliance |
| • Heidi Haynes: | ARC of Colorado |
| • Terri Hurst | Colorado Criminal Justice Reform Coalition |

Other Attendees:

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| • Tammy Arnold | Northeast Health Partners (RAE 2) |
| • Mindy Klowden | Colorado Behavioral Health Council |
| • Catherine Morrisey | Northeast Health Partners, RAE Region 2 |
| • Kim Fairly | Centennial Health |
| • Lila Cummings | Colorado Hospital Association |
| • Tina Gonzales | Beacon Health Options |
| • Frank Cornelius | Colorado Behavioral Health Council |
| • Jen Hale-Coulson | RAE 2 & RAE 4 |
| • Marty Jansen | Colorado Access (RAE 3) |
| • Stacee DeLisle | A Kidz Clinic |
| • Alyssa Rose | Beacon Health Options |
| • Clay Cunningham | Community Reach Center |
| • Elizabeth Richards | Beacon Health Options (RAE 2 & RAE 4) |
| • Amanda Berger | Colorado Access (RAE 3 & RAE 5) |
| • Camila Joao | CCHA (RAE 6 & 7) |
| • Jenn Conrad | Signal Behavioral Health Network |





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| • Taylor Thompson | Colorado Community Health Network. |
| • Ashleigh Philips | Centura |
| • Louisa Wren | Rocky Mountain Health Plans |
| • Leslie Patterson | Envida |
| • Chris Garcia | Denver Health Plan |
| • Elizabeth Fruedenthal | Children's Hospital CO |
| • Krista Cavataio | Rocky Mountain Health Plans |
| • Cathy Michopoulos | Health Colorado |
| • Tina McCrory | Health Colorado |
| • Kailey Meardon | Southeast Health Group |
| • Cris Matoush | Rocky Mountain Health Plans |
| • Jessica Kell | Aspen Point |
| • Juan Recinos | Aspen Point |
| • Shingo Ishida | Dept. of Health Care Policy |
| • Melissa Eddleman | Dept. of Health Care Policy |
| • Benjamin Harris | Dept. of Health Care Policy |
| • Jeff Helm | Dept. of Health Care Policy |
| • Amanuel Melles | Dept. of Health Care Policy |
| • Brooke Powers | Dept. of Health Care Policy |
| • Amanuel Melles | Dept. of Health Care Policy |
| • Matthew Pfeifer | Dept. of Health Care Policy |
| • Sandra Grossman | Dept. of Health Care Policy |
| • John Laukkanen | Dept. of Health Care Policy |
| • Nicole Nyberg | Dept. of Health Care Policy |
| • Matthew Sundeen | Dept. of Health Care Policy |
| • Lauren Staley | Dept. of Health Care Policy |

COVID Questions

Daniel and Jeff opened the floor to questions regarding the current public state of emergency. One attendee brought up the topic of tele-medicine services that have been allowed in recent months. Melissa and Jeff stated that for the near future, these codes/services will remain active and that the Department will give 60 days' notice to providers prior to making any changes. Daniel reinforced the importance to track the impact of the novel Coronavirus and opened this forum to discuss any questions they have.

Crisis Service System Discussion

Jeff reviewed the previous meetings discussion on how the services the Regional Accountable Entities (RAEs) administer interact with the services the Crisis Administrative Service Organizations (ASOs) administer. Additionally, he added that there were some overlapping best practices amongst the RAEs,





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while there were also unique opportunities for each region. Daniel added that, in the previous meeting, many attendees stated that they would like to better understand the Department's (HCPF) expectations of the RAEs as well as understand how those policies impact providers and members.

Amanda Jones stated that providers, the RAEs and Crisis ASOs created a separate forum and had their first meeting to discuss common question. Furthermore, she stated that, as a provider/executive with a Community Mental Health Center (CMHC), she would like to see further discussion on how to create targeted communications to providers, so that the providers/organizations that directly work with members can better understand how to utilize both RAE and Crisis ASO services. She added that, in the meeting, they focused on how to best involve the right people in this discussion for further meetings and how best to educate on-the-ground providers.

Camille added that she could add detail on performance measures that the Office of Behavioral Health (OBH) has created to incentivize the work of the Crisis ASOs. Furthermore, she added that OBH has created communications to providers and members to explain these services. Ben Harris reviewed the Department's behavioral health services, one of which allows for members to utilize 6 behavioral health services with their physician each year (in addition to their other behavioral health). Additionally, the Department is using that data, along with data on members accessing Crisis Services, to see if there are better ways to holistically provide care to members accessing both services. Lastly, Ben reinforced the importance of helping members stay in the community through easily accessible services.

Tom Keller stated that the complexity of the system can hinder members accessing services when they need them. There is a lot of information, but it can be difficult to find the specific/actionable information they need. Daniel asked if having less, but clearer more practical messaging would be helpful for members. Tom stated his agreement and added that short, practical guidance on what services are available and how to get them should be the focus and that, rather than providing contextual information that is less useful. Camille added that OBH is starting new services through the Crisis Line, such as a SUD (Substance Use Disorder) recovery service and services guided to youths.

Amanda Jones agreed that streamlining member communications would be helpful but that we should also work on educating the Crisis Line, the Crisis ASOs, and RAEs so that each understands the work of the other and so that, when a member access (i.e. "No Wrong Door" approach).

Krista, with Rocky Mountain Health Partners, reinforced the importance of getting the "right people" at the table so that we better understand what is occurring, on-the-ground, across the state. Amanda then asked if we should streamline communication by creating a work flow between various entities so that, when members call an organization that cannot provide a service, they can still provide information on how members can access those services.

Tina (RAE 4) stated that her region delegates care management to their PCMPs so that they can better form relationships/referrals to providers that are easily accessible to their members. Tina added that her RAE has a workflow with providers and Beacon in which they discuss a member's treatment plan internally before presenting the member their options.





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Camille asked if there was any way to use data better, and or if there was data that we need to track. Ben stated that the Department has an Admission/Discharge/Transfer (ADT) feed which can alert RAEs and providers about a member utilizing emergency services, so that their care is better managed. Camille stated that SB 222 states that we should look into ways of diverting people away from justice systems and stated that there may be ways to use data to this end.

Amanda Jones stated that her agency's focus has been to be fast, efficient while also being member focused; she asked if we could create a member focused diagram on what services members access, where there is overlap, and where there are gaps. Daniel stated that he likes the idea of looking through a member-focused lenses but stated that we would need to follow up with the other PIAC sub-committees before creating an external communication. The two main goals that were stated were clarified: One, improving the quality of our data and improving our utilization of it so that we can better understand where RAE and ASO work overlaps and to better understand areas of opportunity &, two, to better understand the workflows from a viewpoint of how our members are accessing them.

DOC Data Review

Jeff started the discussion by referencing the Department's focus on racial injustice; he added that, although our work is not directly focused on this work, we should consistently think about how gaps in gender and race. Daniel reinforced the importance of providing equitable access to care for all members.

Jeff displayed various tables and graphs that shows the percentage of each RAE's members that received a behavioral health visit within 14 days of them being released from a DOC facility. Although there were large improvements in the data, Daniel added that, due to a lack of claims runout, the more recent months may increase. Ben reviewed the specifics of the DOC incentive, stating that the Department incentivizes the RAEs as a whole, rather than as individual entities, because we would like for them to share best practices/resources for the betterment of this entire population. Jeff reviewed the data which included data on race and gender. Ben added that this would be the first time that we would track data in this way and that, his initial reaction when looking at the data is that the racial disparity between women is far larger than men.

Housekeeping

Jeff stated that a voting member is moving out of state and that we will be taking applications for new members. He then stated that the next meeting would be October 7, 2020. He thanked everyone for attending the meeting and ended the meeting.

