



MINUTES OF THE MEETING OF THE BEHAVIORAL HEALTH INTEGRATION STRATEGIES PIAC SUBCOMMITTEE

Virtual Meeting
 September 1, 2021 9:00 AM - 10:30 AM

1. Introductions

Daniel Darting called the meeting to order at 9:03 AM.

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)
- 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

Other Attendees:

- Marjorie Champenoy Rocky Mountain Health Plans
- Camila Joao Colorado Community Health Alliance
- Tina Gonzales Beacon Health Options
- Erin Herman Health Care Policy & Financing
- Megan Comer Health Care Policy & Financing
- Karen Masters West Pines SCL Health
- Vicki Allen-Sanchez Beacon Health Options
- Audrey Oldright Rocky Mountain Health Plans
- Billy S Allen Center for Independence
- Kailey Meardon Southeast Health Group
- Taylor Miranda Thompson Colorado Community Health Network
- Alli Daley Children’s Hospital Colorado
- Mattie Brister Mile High Health Alliance
- Devin Teicher Signal Behavioral Health
- Alan Girard Front Range Health Partners
- Audrey Oldright Rocky Mountain Health Plans



- Joseph Anderson Colorado Access
- Doug Muir Centura Health
- Andrea Kedley Colorado Community Health Alliance
- Annie Fritz North Colorado Health Alliance
- Kelly Bowman Health Colorado
- Christine Andersen Beacon Health Options
- Elizabeth Freudenthal Children’s Hospital Colorado
- Sara Gallo
- Susan Goldenstein Children’s Hospital Colorado
- Sandra Grossman Health Care Policy & Financing
- Youngsin Joh Dept. of Human Services
- Anne Jordan Health Care Policy & Financing
- Audrey Keenan Health Care Policy & Financing
- Elizabeth Owens Dept. of Human Services
- Ashleigh Phillips Centura Health
- Tammy Phillips Larimer County DHS
- Kevin Robinson Behavioral Treatment Services
- Kellen Roth Colorado Access
- Ken Winn Firefly Autism
- Tina McCrory Health Colorado, Inc.

2. House Bill 1258: background, status, and opportunities - Elizabeth Owens, Office of Behavioral Health

Elizabeth Owens from the Office of Behavioral Health (OBH) joins to group to provide background and implementation updates on [House Bill \(HB\)21-1258: Rapid Mental Health Response For Colorado Youth](#). This conversation is in alignment with the subcommittee’s focus on youth behavioral health access.

- Colorado HB21-1258 was enacted during the 2021 legislative session.
- Signal Behavioral Health Network is the contracted vendor for this project.
- The bill charged OBH with creating temporary youth services in response to COVID-19, including three free mental health sessions with a licensed provider. The target population are youth 18 and younger. The statute instructed OBH to enter into contract by August 1, 2021 with a vendor tasked with implementing this program.
- Implementation of the bill currently involves recruiting providers and promoting a statewide public awareness campaign. OBH is hiring an outreach position charged with working with schools and other organizations to spread the word.
- The public awareness campaign and access portal are being informed by youth,



which is a key part of the process.

- OBH expects to have the portal live in October 2021, closely followed by the launch of a portal for Spanish-speaking individuals.
- The program will end June 30, 2022.
- OBH has begun working with HCPF to explore questions around consent to treatment. There will be a contractor working directly with the Regional Accountable Entities (RAEs) about outreaching providers and members.

Daniel Darting further clarified that the bill is intended to be a brief intervention service and an attempt to get a sense of what the need for behavioral health interventions may be right now. The bill is about providing services and understanding what the need is.

Mary Ellen Benson from Diversus Health asks about how this program interfaces with those organizations that are already co-located in schools.

- OBH confirms there is collaboration with pre-existing sites that have co-location.
- Mary reiterates that the key point is to build upon what already exists, rather than usurp or confuse services.
- OBH clarifies that the intent is not that a youth gets a new behavioral health provider if they are already seeing someone.
- The goal of the initiative is to reach the unreached and connect children/youth who have not been able to access services to resources.

Imo Succo asks if there are studies and results that show this method is effective. From a parent perspective, the first three sessions are great, but what happens when the child's motivation in seeing the provider must come to a breaking point, because of insurance? Youth are very sensitive to these changes to providers once they become comfortable.

- Devin confirms the initiative is aware of the importance of leveraging existing providers and ensuring that care is culturally aware and sensitive.
- Imo notes the challenges that arise in southwest Colorado. There are not that many providers and they are limited to handing off clients to one another. The three-visit approach is appealing; but are there studies that proved this is effective? This sounds like a crisis response approach. What made this be the choice that the first three visits are free? The program doesn't look very promising for continuity of care.
- Camille Harding from OBH ensures that the agency has been having a lot of conversations about these exact issues. This was a bill that passed to cover three visits to at least help identify and connect kids. Ideally, the individual



will stay with the therapist and make a connection. Continuity is part of the challenge of this bill, including how the project helps onboard providers and then ensure that they have multiple insurance plans to sustain funding.

Sue Williamson notes workforce capacity and asks about more information regarding provider recruitment efforts. Sue notes the frustration of building something that people want to access and if there are workforce issue there may be waitlists.

- Elizabeth confirms that this is a concern of OBH's as well. OBH is monitoring how many youth will want to access the program. Imo discusses challenges with behavioral healthcare in a rural setting, e.g. seeking care in Cortez, Colorado. The choice of providers narrows in this area. Imo shares the challenges of telehealth as some individuals do not feel comfortable being on camera for these services. Additionally, the pay rate is so low for providers that people are deterred from pursuing a career in behavioral health. Imo requests statistics or data and results on this type of intervention.

Daniel agrees with the various challenges that will arise in this intervention. All issues raised during the meeting are all filters and lenses that the group needs to keep track of as this program rolls out. Some of these issues were raised during the legislative session. He also notes that there is a reason this program only funded one year; the timeline provides for evaluation of how this program needs to be improved or modified.

Elizabeth confirms that OBH has similar concerns that were raised during the discussion. OBH is relying on Screening, Brief Intervention and Referral to Treatment (SBIRT) and other evidence-based interventions as models for the program. OBH agrees that rural communities are an important focus and outreach will be made.

Matt Pfeifer suggests that when the group thinks about the Accountable Care Collaborative (ACC) to bring awareness of this brief intervention component and if the ACC program should be helping to make connections to providers.

3. Housekeeping

Daniel Darting calls for a motion to approve the Behavioral Health Integration Strategies (BHIS) meeting minutes from July and August. Sue Williamson motions to approve both sets of minutes; Imo Succo seconds the motion and the minutes are approved.

Meeting materials are posted and available on the [BHIS website](#).



Matt Pfeifer announces two voting member departures; Andrea Mercier and Heidi McMillian have withdrawn from the BHIS voting member group.

The BHIS Crisis Service Recommendations were taken to the Program Improvement Advisory Committee (PIAC) in late August. There was some wordsmithing, but no substantial edits. No comments received via email. The recommendation will go back to the next PIAC for a vote.

4. COVID-19 updates

Matt Pfeifer updates the group of ongoing work to address health disparities, with some projects being implemented using American Rescue Plan Act (ARPA) funds.

The group will continue to monitor the work of the Behavioral Health Transformational Taskforce.

5. DOC metric review: March 2021

Matt Pfeifer presented the March 2021 Department of Correction (DOC) Behavioral Health engagement rate metric data, as part of the group's standard review. The overall trend of the ACC program continues to increase (dotted line in the middle of the graph). There is a 6% rate increase in the last year of data that is available. The performance rate continues to exceed the target that the Department and RAEs agreed to.

Daniel Darting notes that the rate of change is good to see, and this data is something positive to think about within the ACC; this is exemplary of what the RAEs can achieve. This is positive work from our RAE partners.

The 30-day rate is presented, including a break down by race and gender. In summary, white females are accessing services the most and non-white males are accessing services the least. The Department and stakeholders want to see these lines move closer together in an increase rate; currently the disparity is about 2 percentage points.

The group invited the RAEs to present on how they are achieving these DOC metric rate results.

Rocky Mountain Health Plans (RMHP) Region 1 - Audrey Oldright, RMHP

- RMHP designs DOC strategies in direct collaboration with facilities, community mental health centers (CMHCs), and parole clinicians.
- RMHP care coordinators have been reallocated to focus on these efforts.



- RMHP highlights five ways they engage in this work:
 - Using the DOC roster, outreaching to individuals within 7 days from release
 - RMHP care coordinators outreach within 7 days of release, care plans implemented if needed
 - Collaborating with on-site parole orientations
 - RMHP care coordinators attend bi-weekly orientation at the parole office for newly released offenders. Parolee education is provided about benefits available to them with their Health First Colorado enrollment. RMHP care coordinators are available at these orientations.
 - In-reach to offenders within DOC, connecting individuals to behavioral and physical health services prior to transitioning back into the community
 - E.g. Mesa County Parole Office and MindSprings (CMHC) collaboration
 - Top priorities are offenders with Serious Mental Illness (SMI)
 - RMHP is looking to expand this reach
 - Focus on substance use disorder (SUD)/medication-assisted treatment (MAT) efforts and processes to identify inmates currently receiving SUD/MAT services and expediting treatment upon release
 - Direct referrals
 - Majority come from parole referrals and include referrals for vision, dental, community supports, SUD/MAT services

Northeast Health Partners (NHP) Region 2 - Tina Gonzales

- NHP leverages connections with regional federally qualified health centers (FQHCs) and community mental health centers (CMHCs) to conduct this work, with a focus on using medical needs codes
- Medical needs codes are used for referrals and assessing levels of care that may be needed



- In-reach work began during the time of the Regional Care Coordination Organizations (RCCO) and Behavioral Health Organization (BHO) phase of the ACC.
- Between 2015 and 2018, NHP had a working relationship with 12 facilities. The work is in preparation to ramp up in the RAE contracts as NHP was a newer entity at the beginning of the ACC Phase II. Analysis is being conducted to see what services were proving effective.
 - E.g. One cohort of 144 members had indicated wanting these services. Of that 144, 132 followed up with their appointments post-release. After 6 months 82% were still engaged in care.
- The roster information really drives the outreach.
- Clarification that the RAEs do not do anything with eligibility. DOC has already enrolled individuals into Medicaid upon release.

Colorado Community Health Alliance (CCHA) Region 6 & Region7 - Andrea Kedley

- CCHA classifies this work in three buckets of engagement:
 - General outreach
 - Uses daily DOC roster and cross-references data sources to determine if a warm hand-off is needed or referrals to community partners is needed.
 - Community corrections
 - E.g. halfway houses
 - There is a focus on access to care and getting people started on benefit utilization and how to utilize Medicaid
 - Psychiatric in-reach
 - Currently launched in Region 6 as part of a strategy to increase access in both regions

The group raises any questions that have come up during the presentations:



- Imo Succo, Regional Health Connector (RHC) in Region 1, to connect with Audrey from RMHP for further resource sharing.
- Matt Pfeifer notes that the DOC has been a very collaborative and helpful partner in this work. The Department meets with DOC regularly to have conversations about the data and strategies. Matt clarifies that the approach didn't come up automatically or by accident, it came up from people participating. This is still, especially in the frame of large Medicaid program, a young program.

6. Wrap up

The next meeting is scheduled for October 6, 2021. The meeting was adjourned.

