Meeting Minutes
Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

April 2, 2025, 9:00 AM – 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting — Signal Behavioral Health
- Lexis Mitchell — Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Deb Hutson — Behavioral Health Administration
- Elizabeth Freudenthal — Children's Hospital Colorado
- Amanda Jones — Community Reach Center
- Thomas Keller — Medicaid Member
- Charles Davis — Crossroads' Turning Points, Inc.
- Imo Succo — Southwestern Colorado AHEC
- Marissa Gullicksrud — Invest In Kids

2. Housekeeping

Lexis Mitchell introduces the subcommittee and informed attendees of a series of quarterly virtual stakeholder meetings HCPF will host [registration link] on Improvements to Member Correspondence. After a quorum was reached, after Katie Lonigro – HCPF's presentation, Daniel Darting calls the group to approve the March 2025 BHIS minutes. Amanda Jones motions to approve; Deb Hutson seconds. Committee members voted to approve the March 2025 minutes. There are no objections. There are no abstentions. March 2025 meeting minutes are approved by voting members.

3. Accountable Care Collaborative (ACC) Phase III Update

Katie Lonigro – HCPF, presented an update on progress with ACC Phase III. Key updates consisted of informing attendees that the Regional Accountable Entities (RAEs) have signed and executed their ACC Phase III Contracts, as well as operational efforts such as communications and contracting that HCPF and the RAEs have been working on. The ACC communications and websites are in the process of being updated and consolidated, to ease the access of information for Members, providers, and other stakeholders. Fact sheets and educational webinars are being updated on the HCPF website, and stakeholders may sign up for regular updates. HCPF's Behavioral Health Team has started a new newsletter, Health First Colorado Behavioral Health Updates – additional updates are shared through the ACC Newsletter. Additionally, letters to Members containing information about ACC Phase III and a Member Communication Toolkit are in progress. These various updates are scheduled to reach their respective completion between March and June of 2025.

4. Care Coordination in ACC Phase III

Lauren Landers – HCPF, presented an update on ACC Phase III Care Coordination. In ACC Phase III, Care Coordination programs must address the full range of Members' physical health, behavioral health, oral health, and health-related social needs. Key features of Care Coordination in Phase III include a three-tier model that will be standardized across Regional Accountable Entities (RAEs) and Behavioral Health Administrative Service Organizations (BHASOs). Tier 1 is Care Navigation, emphasizing prevention and wellness education. Tier 2 is Care Coordination, emphasizing condition management and managing rising health risks. Tier 3 is Care Management, supporting Members with complex health needs that may require long-term, multi-disciplinary care approaches to maintain their health. ACC Phase III emphasizes collaboration across agencies (e.g., BHASOs, RAEs, Community-based Organizations) and improving oversight and monitoring of Care Coordination.

Lauren defined key terms: a) Care Coordination, b) Care Transitions, and c) Transitions of Care.

a) Organization of Members' physical health, behavioral health, oral health, health-related social needs and other specialty care.

b) Care coordination intervention that supports successful member transitions and discharges by arranging necessary/ongoing treatment, and/or preventing unnecessary readmissions/ED visits.

c) A formal Healthcare Effectiveness Data and Information Set (HEDIS) measure that assesses hospital discharge outcomes that HCPF will use to monitor performance.

Lauren then reviewed Care Transitions in ACC Phase III, discussing Agreements between RAEs, Emergency Departments (EDs), and other health care facilities; best practices for Care Transitions; and accountability mechanisms that HCPF will utilize to monitor trends.

An attendee asked how to identify when youth are involved in the Colorado Medicaid System of Care (COSOC) vs. when youth are only involved with RAE-level Care Coordination. Matt Pfeifer – HCPF explained that the Enhanced Standardized Assessment (which currently used by Child Welfare to authorize Qualified Residential Treatment Program (QRTP) level of care) will be used to determine the eligibility for COSOC. All Medicaid members are eligible for RAE level care coordination. The Department is coordinating with involved organizations such as child welfare and the BHA to ensure the Enhanced Standardized assessment works for the Child and Youth Mental Health Treatment Act, Child Welfare, and Medicaid populations. A second attendee asked a clarifying question as to whether this Enhanced Standardized Assessment will be used to assess Care Coordination needs more broadly. Lauren clarified that the RAEs will each use their own assessment tools to assess Care Coordination needs for Members and that the Enhanced Standardized Assessment is specifically for COSOC.

5. Logic Model Discussion

Matt Pfeifer – HCPF, shared updates about the ACC Phase III Evaluation Plan, which was a continuation of last month's Deep Dive into the Phase III Logic Model, Monitoring Plan and Evaluation Plan. Overall, HCPF is looking for feedback from stakeholders to ensure that the research questions and direction of the Evaluation Plan are in the correct direction for Coloradans.

Matt explained the Logic Model for these efforts with a visual aid: An image displaying various levels of work scaling down from the Logic Model to methods, with focus areas, research scope, and research questions as layers in between. A high-level overview of the four-step Logic Model was presented: 1) Inputs and Activities, which is what HCPF requires RAEs to do; 2) Outputs, the data HCPF receives; 3) Outcomes, analysis and comparison of measure and cost data; and 4) Impact, evaluating the performance on overall goals.

An example research question was presented: Is continuity of care improved for members who receive complex care coordination interventions? Part 1 of the Quantitative Data Analysis includes examining data to investigate if patients/clients are receiving outpatient care and connecting to new services. Part 2 of this process will identify any trends in Members who are not seeing improvements in access to care, comparing them to trends in Members who are. Potential next steps are then outlined through conversations with care coordinators and surveying Members who

have received care coordination. Lastly, options to reassess target criteria, care coordination requirements, and other policy changes will be investigated/pursued.

Matt then reviewed the Evaluation Plan and highlighted the 2 scopes of work for the Behavioral Health Benefit. This work has an objective of exploring the strengths and gaps of the Medicaid behavioral health continuum (scope 1) with the intention of identifying actionable steps to address priority concerns for specific service areas and populations (scope 2).

Within Scope 1 for the Behavioral Health Benefit, some of the currently proposed research questions are as follows: How is the Medicaid Behavioral Health Continuum of care defined? How do Medicaid Members access care to care levels align with estimated need for behavioral health services? What are the strengths and gaps in the continuum, who is most (and disproportionately) impacted and how? What are Members' and Providers' perspectives on areas of weakness and how to make improvements? Are RAEs investing in areas of the continuum that are intended to increase access to community-based care and maximize Member access to care in general?

Research questions for Scope 2 include the following: What patterns of care do we see for members along the continuum of care where we have concerns about access to care and member health/well-being? What cost differences do we see among groups with different utilization patterns? Which population groups are most impacted by the strengths and weaknesses and how? How are RAEs collaborating with trusted health neighborhood organizations to assist members with accessing care where needs are high?

6. Wrap Up and Next Steps

The March BHIS meeting will take place on May 7, 2025, at 9:00AM.

DRAFT