



COLORADO

Department of Health Care
Policy & Financing

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

Virtual Meeting

January 3, 2024, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

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

Voting Members:

- Tom Keller Statewide PIAC
- Amanda Jones Community Reach Center
- Monique McCollum Parent of special needs children on Medicaid
- Charles Davis Crossroads' Turnings Points, Inc.
- Elizabeth Freudenthal Children's Hospital
- Deb Huston Behavioral Health Administration
- Taylor Miranda Thomas Colorado Community Health Network

Other Attendees: Alan Girard, Amy Austin - HCPF, Amy Hale, Andrea Bradley - HCPF, Andrea Kedley, Andrea Loasby, Angie Hedgepeth, Ashleigh Phillips, Blue Parish - HCPF, She Her, Brandon Arnold, Cara Hebert, Chantel Hawkins, Christine O, Courtney Bishop - HSAG, Cris Matoush, Edie Sonn, Edward Arnold, Elise Neyerlin, Emilee Kaminski, Emily DeFrancia COA, Emily Holcomb - HCPF, Erin Herman - HCPF, Frank Cornelia, Jen Hale-Coulson, Jenn Conrad, Jennefer, Jennifer Holcomb - HCPF, Jillian Rivera, John Lentz - HCPF, Kara Gehring - HCPF, Katie Lonigro - HCPF, Laurel Karabatsos, Lili Carrillo, Lisa Pulver, Lori Roberts, Matthew Pfeifer - HCPF, Matthew Wilkins, Megan Axelrod, Meghan Morrissey - HCPF, Melissa Eddleman - HCPF, Michelle Blady, Molly Tonello- RMHP, Natasha Lawless, Pat Cook, Psalm Rodrigo, Rachael Porter, Raina Ali,



ReNae Anderson, Sarah Lambie, SOPHIA, Suzanne Kinney, Tessa Stackow - HCPF, Thomas Keller, Tina

2. Housekeeping

Daniel Darting calls the group to approve the December 2023 BHIS minutes. Amanda Jones motions to approve; Elizabeth Freudenthal seconds. Committee members voted to approve the December 2023 minutes. There are no objections or abstentions. December 2023 meeting minutes are approved by voting members.

The committee voted on a new committee co-chair.

- Elizabeth Freudenthal withdrew her request to serve as co-chair.
- Charlie motioned to approved Monique McCollum as co-chair. Amanda Jones seconded. Voting members voted unanimously to approve Monique McCollum as co-chair.

3. Addressing Health-Related Social Needs (HRSN) Through Supportive Services -Amy Austin, HCPF

Amy Austin (AA) provided an overview of addressing health-related social needs (HRSN) through supportive services.

- Health related social needs (HRSN): the way that an individual experience specific unmet needs that contribute to poor health.
 - Priority populations are often disproportionality affected.
 - Reference the [HRSN fact sheet](#) on HCPF website for more information
- Supportive services addressing HRSN
 - Permanent supporting housing services
 - Justice-involved re-entry services
 - Case management: connection to community resources to address food insecurities, education, and job training
- Committee members were asked what priority populations they serve; what HRSN issues these populations face; how they working to address gaps in service?
 - Clients coming out of state hospital/hospital who need housing.



- Individuals with felonies that are non-negotiable in supportive housing. This is a huge gap. It is hard to place someone with these
- In the Children's Hospital primary care clinics housing and food insecurity are the top needs.
- Pregnant women and women with children, in particular those in recovery. They need housing and a safe environment for after care. Sometimes they need a new support system so they don't go back to their old environments.
- Children's Hospital recently opened a small medical home for children in kinship care with parents in justice. Physician leading this work is educating judges in the needs of this.
- Working with many different organizations with various social determinants of health there are challenges with systems navigation.
 - We don't often maximize the support available because navigating the system can be difficult. It is hard to know of all the resources available. We are looking at how to develop a system that will allow this.
- Coordinated Entry/Balance of State for vouchers like CoC or EHV vouchers, recovery providers that have housing (if applicable)
- Accessing the MSO for recovery services (treatment, peer, sober living).
- Housing vouchers run out.
- Challenges with different levels of incomes, etc. so it is hard to stair step people off support. It is very difficult to ease people off. The big cliffs are demotivating to progress.
- Special needs schools such as Laradon in Denver have a high population of underrepresented families. This would be a great place to partner.
- Colorado Access sees some members encounter barriers to access/maintain housing due to some HUD rules including drug testing or eviction for drug use. RAE has some success connecting folks with permanent supportive housing or sober living programs.



AA provided an overview and led a discussion with the committee regarding expanding the use of unlicensed service providers.

- HRSN delivered in a community setting, commonly delivered by unlicensed professionals including:
 - Peer Support Services
 - Community Health Workers (CHWs)
 - Other types of unlicensed staff?
- Peer support professionals
- This doesn't need to just be in the recovery space.
- Currently working on expanding peers with individuals experiencing homelessness.

Medicaid Reimbursement for Other Types of Community Organizations

- Community organizations, such as permanent supportive housing (PSH) providers and peer support organizations
- [List of codes](#) that can be delivered by a Peer.
- [BHA workforce development](#).

Committee members were asked for feedback and what barriers they see in engaging the unlicensed workforce?

- This is similar to the networks of families trying to get care for children
- Turnover is lower.
- Behavioral health aides: The Behavioral health aides role does have some overlap with CHW, and in many settings is more specific training to address screening for suicide risk, outreach specific to patients with behavioral health diagnoses, etc.
- The committee members commented on career path for Peers.
 - Need to look at the career trajectory. People may not apply for positions because there is no trajectory.



- It would be great for some of that lower paid BH aid work to be transferable to the path to a BH license.
- It was noted that there are now trainings for PSS Supervisors.
- A commentor shared that SB 22-192 required the development of stackable credentials in growing industries including behavioral health. There's been a lot of work done between higher ed, BHA, CDLE and provider groups to lay out these pathways and develop the curricula to support them.
 - Help people identify accessible entry points for a credential and then be able to build on that to higher-skilled credentials and degrees and, if they wish, get to a licensed, higher paid position. The hope is to show people, and help them along, exactly that career path you talked about.
- The committee discussed transportation issues and reimbursement.
 - Challenges with the peer getting to the individual. A committee member commented that Medicaid billing doesn't reimburse this.
 - An employer could reimburse.
 - JH clarified that most codes allow that the place of service to be where the peer can deliver it.
 - A comment was made by an individual who worked for a mobile crisis team who checked out a company vehicle to take them to wherever peer support took them. They provided peer support while in transit. They also took busses with people as peer support or met people at places based on their transportation need.
 - Funding for transportation services could present a barrier.
- It would be beneficial if Peer Support could be provided while incarcerated.

4. Wrap up and next steps (HCPF)

The next BHIS meeting is February 7, 2024.

