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

Virtual Meeting

May 1, 2024, 9:00 AM – 10:30 AM

1.   Introductions

Facilitators:

- Monique McCollum   Parent of special needs children on Medicaid

- 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

- Imo Succo   Southwestern CO Area Health Education Center

- Nina Marinello   SCL Health

- Charles Davis   Crossroads' Turnings Points, Inc.

- Deb Hutson   Behavioral Health Administration

- Taylor Miranda Thompson   Colorado Community Health Network

Other Attendees: Alan Girard, Amy, Andre Mansion, Andrea Loasby, Angela Ukoha - HCPF She Her, Arjanea Williams, Ashleigh Phillips, Becky Selig, Brandon Arnold, Chantel Hawkins, Christine, Christopher Anderson - HCPF, Cindy Dandoy, Claire Dinger- CCHA, Cordell Cossairt - HCPF, Courtney Holmes, Cris Matoush, Doug Muir, Dr. Andre Mansion, Elise Neyerlin, Emilee Kaminski, Emily DeFrancia, Erin Gael Friedman, Erin Herman - HCPF, Erin Sears - HCPF, Frank Cornelia, Jenn Conrad - Signal, Jenny Webb, John Laukkanen - HCPF, Joshua Elliott, Kara Gehring - HCPF, Katie Matus, Kimberly Walter, Krista Anderson, Krista Cavataio, Laura Coleman, Lisa Pulver, Lori

Crawford, Lori Roberts, Marisa Gullicksrud, Matthew Hoag, Matthew Pfeifer - HCPF, Matthew Sundeen - HCPF, Melissa Eddleman - HCPF, Michaela Smyth, Michelle Blady, Michelle Maddrell - HCPF, Mika Gans, Mona Allen, Monica Lintz, Monica Lintz, Natalie Hazemi, Pat Cook, Raina Ali, Rebecca, ReNae Anderson, Sandi Wetenkamp - HCPF She Her, Sarah Lambie (HSAG), Saskia Young, Sherrie Bedonie, Stephen Szapor (Denver Health BHS), Tamara Keeney - HCPF, Taryn Barry, Tina

2. Housekeeping

Monique McCollum calls the group to approve the April 2024 BHIS minutes. Committee members voted to approve the April 2024 minutes. There are no objections or abstentions. April 2024 meeting minutes are approved by voting members.

3. ACC Phase III: Evaluation Plan

Tamara Keeney, HCPF, provided an overview of the logic model for the ACC Phase III evaluation strategy.

- HCPF is proposing to use this framework to answer some of the bigger questions about the impact of the ACC.

- Anticipate coming back to this committee throughout the process of developing the framework.

- Logic model is a tool to help us visualize and think through how we intend for program to work.

- Inputs: These are really the key activities that the RAEs are responsible for in the contract that are the most essential building blocks to the results that we want to see.

- Outputs: The actual results that are associated with each of the activities. These can be thought of as things that are being counted.

Accountability

- Thinking about accountability we have a few different pieces that we are monitoring to make sure that all of this happens to get us to that impact. For inputs and activities we monitor activities through performance standards in our contract and then we have an auditing process. These performance standards that live within the contract add a level of monitoring that goes beyond just blanket requirements.

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- Clinical quality measures: HCPF has shifted to thinking about using standard CMS core measures as a way for us to monitor the outputs and the outcomes that we hope to see for the program. You'll see these in our value-based payment metrics, in our key performance indicators, and our Health Equity Plan metrics. We're really using the CMS core measures and as much as we can to standardize measures to know how we're doing on those outputs and outcomes.

- We are also thinking beyond the core measures and we are interested in using member provider surveys and more advanced quantitative analysis to build that story to help us understand the experience that members and providers are having.

- HCPF currently has a Member Experience Advisory Council (MEAC) as do the RAEs. This is a group of Health First Colorado Members who meet and provide HCPF with feedback on different topics. More information on the HCPF ([MEAC)](#) is available on the HCPF website.

- There are many different ways that we think about accountability: We have many meetings with the RAEs; RAE deliverables that contain a lot of the outputs; tools that help us to look at incentive payments; meetings with members that help us stay accountable; corrective action monitoring plans; EQRO validation audit activities; and data dashboards.

- A few commentors noted that it would be nice to have different organizations be able to partner with HCPF regarding the development and discussions of this framework.

Evaluation

- The evaluation framework is a longer-term project or a series of projects whereas monitoring and accountability is happening all the time.

- We want to take the logic model and focus on the impact of our inputs and activities.

- We are hoping to set up, in each of these three focus areas (behavioral health benefit, network management, and member supports) a set of research questions that cover each of the five goals for those three areas.

- HCPF is currently in the research question development phase. Once we come up with these research questions, we will dig into what methods we'll use. We are working closely with our internal data team to think about different quantitative methods that we might use. In the past we have done a lot of descriptive work,

but we're interested in using some more advanced statistics to try to understand impact.

- HCPF is thinking about qualitative work which could include member surveys, focus groups, and provider surveys.

- HCPF is thinking about what the reporting will look like and what the cadence of reporting will be. We want to be able to produce something at least every year but again, some of these questions might take a bit longer. For example, if we're looking at following cohorts of numbers over time, we would need that time to happen before we're able to report out.

- Committee members are encouraged to share any research questions that they would love to be answered, HCPF would love that feedback. In addition, HCPF would like to hear any ideas committee members have for methods.

- A comment was made about tracking individual people and their journey through the system. Can also think about doing some kind of analysis around referral pathways in general of where people start and how do they get to the various pieces of the system.

  - There is more data that should be considered. Data can be obtained from the RAEs and their partners, member and provider interviews, stories of the process from the people on the ground going through the process. These seem like what would be most valuable for these efforts.

  - With claims data you are only seeing the member experience or the utilization from those who actually use services so we're missing the people who can't get in don't know about the services.

- A committee member commented that HCFP could even bring in more data. There are some people working on different ways to integrate a bunch of different data from different sources from the state, from the county level, and from the national level to try and help give a better picture of what is happening in more localized areas.

4.   Behavioral Health Incentive Program (BHIP) Presentation: RAEs 3 & 5, Colorado Access (COA)

Mika Gans, Emily DeFrancia, and Courtney Holmes, COA, presented on COA's Behavioral Health Incentive Program.

- Colorado access has two regions so when you see RAE3 and RAE5 those represent our different regions and a lot of our interventions are tailored to specific populations, but that doesn't mean specific RAEs.

- COA has put in place a dedicated staff within Contracting whose focus is on recruiting substance use disorder providers of all levels from prevention all the way up through 3.7 withdrawal management.

BHIM 1: Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment: Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Performance as of 3/2024:

- RAE3 Goal: 13.48% and RAE3 Performance: 32.86% (meeting goal)

- RAE5 Goal: 13.30% and RAE5 Performance: 32.03% (meeting goal)

BHIM 2: Follow up after Hospital Discharge: Percentage of discharges for beneficiaries aged 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Performance as of 3/2024:

• RAE3 Goal: 23.90% and RAE3 Performance: 47.89% (meeting goal)

• RAE5 Goal: 22.47% and RAE5 Performance: 39.73% (meeting goal)

BHIM 3: Follow up after ED – SUD: Percentage of emergency department (ED) visits for beneficiaries aged 6 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Performance as of 3/2024

- RAE3 Goal: 26.69% and RAE3 Performance: 30.36% (meeting goal)

- RAE5 Goal: 28.12% and RAE5 Performance: 26.27%

BHIM 4: Follow up after Depression Screen: Percentage of members over the age of 11 who received a follow-up visit on or within 30 days of screening positive for depression.

Performance as of 3/2024:

- RAE3 Goal: 48.70% and RAE3 Performance: 56.14% (meeting goal)

- RAE5 Goal: 44.87% and RAE5 Performance: 56.62% (meeting goal)

BHIM 5: Foster Care Metric: Percentage of foster care children who received a behavioral screening or assessment on or within 30 days of ACC enrollment.

Performance as of 3/2024:

- RAE3 Goal: 17.51% and RAE3 Performance: 13.20%

- RAE5 Goal: 29.36% and RAE5 Performance: 26.42%

BH PP Measure: DOC BH Engagement: Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days.

Performance as of 03/2024:

- Statewide Goal: 24.70%

- RAE3 Performance: 32.99%

- RAE5 Performance: 32.18%

- DH Performance: 29.58%

(meeting statewide goal*)

Note: metric achievement based on statewide goals and performance

5.   Department of Corrections (DOC) Metric Updates

Matt Pfeifer, HCPF, provided an update on the Department of Corrections Performance Pool metric.

- Metric: Behavioral Health Engagement for Members Releasing from State Prisons

- Statewide metric that is part of the Performance Pool incentive funds.

- RAEs and MCOs collaborate with Department of Corrections providers and community organizations to outreach the members to make sure that their behavioral health and other health needs are met.

- Definition: Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days.

- Six (6) month delay for claims runout

- Performance overview:

  o The initial rate in June 2019 was 9.02%.

  o The target for FY22-23 was 22.08%.

  o The actual rate was 32.24%.

  o The target for FY23-24 is 23.90%

  o The current rate through September 2023 is 33.54%

6.   Wrap Up and Next Steps

Next meeting will be June 5, 2024.