



Meeting Information		
Topic	IBHS Implementation Advisory Committee (Medicaid System of Care)	
Facilitator	Robert Werthwein, Jamie Ulrich	
Location, Date, Time	Committee members emailed panelist zoom link Public registration for zoom meeting Registration Link	Thursday March 20, 2025 -11:00- 12:30
Members	<input checked="" type="checkbox"/> Robert Werthwein- HCPF facilitator <input checked="" type="checkbox"/> Jamie Ulrich- County DHS Co-Facilitator <input type="checkbox"/> Stacey Davis- HCPF <input checked="" type="checkbox"/> Joe Homlar- CDHS <input type="checkbox"/> Kelli Reidford- BHA <input type="checkbox"/> Cara Cheevers- DOI <input type="checkbox"/> Christy Scott- CDEC <input checked="" type="checkbox"/> Ron-Li Liaw- CHA <input checked="" type="checkbox"/> Meg Taylor- RAE1 (Proxy, Annie Stiansy)	<input checked="" type="checkbox"/> Jen Hale-Coulson- RAE2 <input type="checkbox"/> Amy Donahue- RAE4 <input checked="" type="checkbox"/> Rebecca Wyperd- CSNP Assoc. <input type="checkbox"/> John Kefalas- CTY Commissioner <input checked="" type="checkbox"/> Kerry Swenson- Advocate CAFCA <input checked="" type="checkbox"/> Tori Shuler- Lived Exp. <input checked="" type="checkbox"/> Danielle Angotti- Advocate <input type="checkbox"/> Taylor Smith- BHA <input checked="" type="checkbox"/> Heidi Baskfield -Advocate <input checked="" type="checkbox"/> Suzanne Fields <input checked="" type="checkbox"/> Amanda Pace <input checked="" type="checkbox"/> Kelly Gill- RAE3

Purpose of meeting	Advisory Committee for the implementation of intensive behavioral health services for children and youth in Colorado
Housekeeping	Housekeeping 11:00-11:05 <ul style="list-style-type: none"> • Membership committee meeting with the public in attendance. • Please keep Microphones on mute until ready to speak. • We will have breaks between agenda items for Public Comment. • Type questions into Q and A or save for public comment time





<p>Topics for discussion</p>	<ul style="list-style-type: none"> ● Introduce Heidi Baskfield 11:05 - 11:10 ● Follow up items 11:10 - 11:20 <ul style="list-style-type: none"> ○ Finalizing population and cost estimates related to children with behavioral health needs. ○ Supplemental funding for the workforce. ○ Smaller group to discuss role of BHA and Services Beyond Medicaid <ul style="list-style-type: none"> ■ Ron-Li Liaw ■ Jamie Ulrich ■ Kelli Reidford ■ John Kefalas ■ Added Heidi Baskfield 3/20/25 Meeting set Wednesday, April 2ND 4:00 – 5:00pm ● MSOC IP Summary for Committee 11:20 - 11:25 ● Role of Committee 11:25- 11:40 <ul style="list-style-type: none"> ○ Phase 1 review -Slides ○ Where we are with go live date <ul style="list-style-type: none"> ■ What are concerns, thoughts, beliefs ● Public comment 11:40-11:50 ● Adding additional interventions to SOC -Discussion 11:50-12:00 ● Name of Committee -Decision item 12:00-12:05 ● Child welfare involvement vs. other sections of the county involved in High Fidelity Wraparound and other areas of System of Care -Discussion.12:05-12:15 ● Public Comment 12:15-12:30 ● System of Care definition
-------------------------------------	--

<p>Attachments</p>	<ul style="list-style-type: none"> ○ MSOC IP Summary for Committee ○ HFW Proposal ○ Slide Deck <p>Settlement Agreement Summary HB24-1038 Settlement agreement</p>
---------------------------	--





Meeting Notes: Implementation Advisory Committee

Date: 03-20-2025

Welcome and Housekeeping

- Jamie welcomed attendees to the March Implementation Advisory Committee meeting.
- Agenda items and expected discussions outlined.
- Housekeeping items covered:
 - New platform for the meeting: only members in the Panelist role; public attendance allowed.
 - Public comment opportunities during specific topic areas, not just at the end.
 - The public can type questions in Q&A or save comments for public comment time.
 - Panel members can unmute microphones when speaking.
 - Breaks between agenda items for public comments.

Implementation Plan Update

- Robert emphasized the goal to make the meeting productive with as much dialogue as possible.
- Waiting on the plaintiffs' response to the implementation framework proposal. Expected feedback this or next week.
- Key focus areas: policies, timeframes, and feedback on the implementation plan.
- Aim to finalize the Implementation Plan after plaintiff feedback and share with the committee before public release.
- Robert encouraged active participation, respectful debate, and openness to alternative approaches.

Decision-Making Process Proposal

- **First Vote:** If unanimous, the decision is finalized.
- **Second Vote (Next Meeting):** If the first vote isn't unanimous, a second vote at the next meeting finalizes the decision.
- **Urgent Decisions:** If a decision cannot wait due to time constraints, co-chairs may accept the first vote result. Notification provided before the vote.
- Consensus agreement by attendees on this process
- Heidi suggested the committee be willing to meet outside the regular schedule if tight timelines require decisions before the next meeting.





- Emphasis on commitment to timely resolution and progress.
- Next meeting to focus on Year One implementation details (starting July).
- Robert Werthwein suggested modifying the voting threshold to allow more flexibility. Proposed that if the majority is less than 75-80%, the decision could be reconsidered to encourage participants to vote freely without feeling pressured.
- Heidi Baskfield and Jamie Ulrich agreed with the suggestion.

- **Action Item:** schedule a meeting to document and finalize this voting procedure for sharing with the committee before retirement.

Introduction of New Committee Member

- Robert Werthwein introduced Heidi Baskfield, the new member filling the second advocacy seat.
- Heidi Baskfield shared that she is the Executive Director of Speak Our Minds, a national youth mental health organization involved early in advancing the lawsuit and ongoing stakeholder engagement.

Population and Cost Estimates

- Discussion on finalizing population and cost estimates for children's behavioral health needs.
- Initial total estimated cost: \$300-400 million for over 11,000-12,000 children over an undefined period.
- Offset considerations include a 25-40% reduction in system care use and reduced length of stay in residential care.
- Proposal to start with children in residential care as a reentry prevention strategy.

Standardized Assessment Tool Discussion

- Jamie Ulrich raised concerns about reviewing and proposing changes to the enhanced standardized assessment tool (CANS and Biopsychosocial).
- Stacey to present the assessment tool at the next meeting. Stacey to provide feedback from another group reviewing the tool.

Budget and Funding Discussion

- Total cost is expected to be significant, but the investment is justified.
- Year 1 funding secured through **Senate Bill 195** and **House Bill 24-1038**.





- **Senate Bill 195** funding of **\$9.6 million** for high-fidelity wraparound to be adjusted:
 - **\$4 million** moved to the workforce capacity center in Year 1.
 - **\$3 million ongoing** for workforce development.

Workforce Capacity Center Proposal

- Joint Budget Committee (JBC) tentatively approved the workforce capacity center, subject to state budget balancing.
- Proposal to partner with **Colorado State University (CSU)** due to:
 - Large school of social work.
 - Presence in rural areas via extension programs.
 - Existing plans to create a behavioral health workforce training center.
- JBC Conditions:
 - Sunset provision after 2-3 years for effectiveness review.
 - Reporting on workforce capacity growth over time.
- Robert Werthwein discussed the alignment of efforts with the Behavioral Health Administration (BHA) in moving towards the CSU route without any firm commitment at this point.
- Jen Hale-Coulson raised concerns about the appropriateness of the policies, training approach, and budget aligning with the high-fidelity wraparound model, which isn't suitable for MST and FFT due to their specific training and fidelity requirements.
- Jen inquired about a Colorado-specific intensive home-based treatment model's evidence basis and workforce expansion feasibility.
- Robert clarified that the Workforce Capacity Center would manage contracts with proprietary companies for MST and FFT to increase the number of trained and certified providers in Colorado.
- Senate Bill 195 funding, originally for high-fidelity wrap, allows flexibility when transferred to the Workforce Capacity Center.
- Colorado aims to develop its model, inspired by Ohio's approach, to better address state-specific and rural workforce challenges.

HFV Model Switch

- The decision to move from the COACT model to the NWIC model (adopted by Medicaid) was explained. NWIC offers a hands-on approach in Year 1, with a gradual transition in Year 2.
- Providers from the COACT model can transition to the NWIC model.





- The Kempe Center is not involved in the current direction due to the shift to the NWIC model.
- Jamie Ulrich questioned the timeline for July 1 funding activation and realistic service capacity.
- Robert indicated that while initial efforts will start by July 1, with existing providers transitioning, a more robust rollout is expected around October 1.

Medicaid Provider Enrollment Challenges

- Jamie highlighted the lengthy and challenging Medicaid provider enrollment process, sharing her experience of a year-and-a-half process for a county department.
- Robert proposed setting up a meeting with Medicaid provider enrollment experts to address these challenges.
- Heidi Baskfield inquired about the data on current providers, providers needed for the upcoming fiscal year, and projections through FY 2031.
- Robert Werthwein presented the JBC slide showing:
 - **Green Bar:** Current provider estimate (BHA and HCPF data combined; does not reflect capacity for new clients).
 - **Red Bar:** Providers needed for the upcoming fiscal year.
 - **Gold Bar:** Target number of providers by FY 2031 (assuming a \$3M/year budget).

Workforce Engagement & Real-Time Data Access:

- Heidi proposed considering a transfer center-style approach (similar to COVID-era models) to track and coordinate provider services in real-time.
- This approach would enhance the ability to identify and address gaps in provider capacity more accurately.
- Robert noted that Year 1 lacks resources for a transfer center model.
- Initial focus is on tracking residential placements due to budget limitations and historical placement data, primarily from the I-25 corridor and Mesa County
- Heidi emphasized leveraging existing hospital-based infrastructure for effective coordination with residential and post-residential care providers.
- Suggested further discussions offline with Robert, Heidi, Ron Lee (hospital representative), and others.

Workforce Capacity Building:

- Ron-Li Law suggested expanding training sites and including additional state entities to accelerate workforce development.
- Robert explained the financial challenge:
 - **Year 1:** \$600,000 per site



- o **Year 2:** \$300,000 per site
- Current budget allows for two training programs: High-Fidelity Wraparound and Focus (for those not fitting the HFW model).

Certified Intensive Care Coordinators (CICC) Provider Type:

- The provider type is labeled specifically for Medicaid billing purposes, allowing for higher payment due to the intensive nature of the work.
- Focus on Medicaid members aged 11-17 due to current readiness of interventions for this age group.
- Future work will expand the interventions to other populations.
- Targeting children in Qualified Residential Treatment Programs (QRTP) and out-of-state residential treatment to reduce length of stay and prevent reentry.
- Aim to transition youth from emergency departments to family settings, including foster care.

Enhanced MST (Multisystemic Therapy) and FFT (Functional Family Therapy):

- Enhanced MST and FFT will change the billing structure from 15-minute increments to a monthly encounter rate.
- This adjustment better captures the frequency and intensity of services.
- Providers will be reimbursed at a Prospective Payment System (PPS) rate instead of the 15-minute rate.
- The core evidence-based model from national organizations remains unchanged.

Telehealth Implementation:

- North Range Behavioral Health has successfully piloted telehealth for MST, showing positive results.
- Plans to explore telehealth as a temporary solution while expanding workforce capacity.

Prevention and Primary Care Integration:

- Consideration for integrating existing care coordination efforts in primary care to enhance prevention without added costs.
- Interest in evidence-based interventions for early childhood (0-5 years) within primary care settings.





Public Comments:

- Dani Sondrol expressed appreciation for the transparency and structure of the meeting.

Scope of Evidence-Based Practices (EBPs) in System of Care:

- Kerry Swenson noted concerns from providers about the narrow scope of FFT (Functional Family Therapy) and MST (Multisystemic Therapy), suggesting a broader approach.
- Robert Werthwein highlighted the goal to develop a Colorado model serving most children without third-party involvement.
- Suzanne emphasized the need for balance between flexibility in services and manageable infrastructure.
- Warned against states trying to implement too many EBPs, leading to system strain and sustainability issues.
- Suggested focusing on 3-4 sustainable EBPs for long-term success (10-15 years).
- Recommended a generalist intensive in-home therapy model based on national guidelines.
- Jamie Ulrich inquired about whether decisions would require plaintiff approval.
- Robert Werthwein affirmed the need for plaintiff input but emphasized the committee's role in proposing solutions.

Naming the Care System:

- Proposal to name the system "**Colorado System of Care**" instead of "Medicaid System of Care" to reflect broader objectives.
- Committee consensus reached with no objections.

High Fidelity Wraparound (HFW) Program Concerns:

- Families expressed discomfort with HFW coordinators being associated with child welfare agencies.
- Jamie Ulrich presented Weld County's model, where HFW is under the Family Resource Division, not child welfare.
- The proposal was distributed for review, with decisions to be made at the next meeting.





Action Items:

1. Chris -schedule a meeting to document and finalize this voting procedure for sharing with the committee before retirement.
 - a. Decision Making and voting process added to charter. Action items and meeting notes were reviewed 3/26/2025
2. Robert Wethwein to Share plaintiffs' feedback with the committee before public release.
3. **All Members:** Prepare for detailed Year One implementation discussions in the next meeting.
4. Stacey Davis to present the standardized assessment tool and feedback at the next meeting.
5. Robert Werthwein to present Workforce Capacity Center details and decisions at the next meeting.
6. Schedule a meeting with Medicaid provider enrollment experts about becoming a Medicaid provider
 - o Robert Wertwein and/or
 - o Stacey Davis
 - o Danielle Angotti
 - o Jamie Ulrich
 - o Kelli Gill
7. Robert Werthwein to consult with NWIC about costs for satellite training sites.
8. Create interventions for System of care and vote next meeting
9. Committee members review Jamie Ulrich's HFW proposal document and provide feedback before the next meeting.

Next Meeting May 15th 11:00-12:30

- Share plaintiffs' feedback with the committee before public release
- The HFW proposal was distributed for review, with decisions to be made at the next meeting
- Voting procedure for sharing with the committee before retirement.
- Stacey to present the assessment tool at the next meeting. Stacey to provide feedback from another group reviewing the tool.
- Workforce Capacity Center details and decisions
- Vote on System of Care interventions

