



<b>November 20, 2025 Meeting Information</b>		
<b>Topic</b>	Colorado System of Care Implementation Advisory Committee	
<b>Chairs</b>	Cristen Bates, Jamie Ulrich, Kelly Causey	
<b>Facilitator</b>	Stacey Davis and Kelly Aaronson	
<b>Location, Date, Time</b>	Public registration for zoom meeting <a href="#">Registration Link</a>	Thursday, November 20, 2025 -11:00- 12:30 Committee members emailed panelist zoom link
<b>Members</b>	Cristen Bates - Health Care Policy and Financing and Tri-Chair Jamie Ulrich - County Department of Human Service and Tri-Chair Kelly Causey - Behavioral Health Administration and Tri-Chair Amanda Berger - Regional Accountable Entity 4 Christy Scott - Colorado Department of Early Childhood Danielle Angotti - Advocate Heidi Baskfield - Advocate Hannah Wurster - Regional Accountable Entity 2	Joe Homlar - Colorado Department of Human Services John Kefalas - County Commissioner Kerry Swenson - CAFCA Annie Stiasny - Regional Accountable Entity 1 Rebecca (Becky) Wyperd - Comprehensive Safety Net Provider Ron-Li Liaw - Colorado Hospital Association Sarah Blumenthal - Colorado Department of Education Sarah Winfrey - Regional Accountable Entity 3 Tori Shuler - Lived Experience  <b>VACANCIES</b> Colorado Department of Public and Environmental Affairs Colorado Division of Insurance

Purpose of meeting	Advisory Committee for the implementation of intensive behavioral health services for children and youth in Colorado
Housekeeping	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





Agenda	<p>11am - 11:05am Introduction and September Meeting Minutes Approval - Kelly A.</p> <p>11:05am - 11:20am Announcements</p> <ul style="list-style-type: none"><li>- Leadership changes - Cristen Bates (Director, Office of Medicaid &amp; CHP+ Behavioral Health Initiatives &amp; Coverage and Deputy Medicaid Director)</li><li>- New committee structure - Kelly C.</li><li>- Workgroup Proposal - Kelly C. / Stacey D.</li></ul> <p>11:20am - 11:30am CO-SOC Year One Update - Stacey D.</p> <p>11:30am - 12:00pm Questions and Answers from Documentation Review</p> <ul style="list-style-type: none"><li>- <a href="#">NWIC Enhanced High Fidelity Wraparound Fact Sheet release</a></li><li>- <a href="#">Frequently Asked Questions</a></li><li>- <a href="#">Provider Fact Sheet</a></li><li>- <a href="#">HCPF LRFI 5 Youth System of Care</a></li><li>- Q and A</li></ul> <p>12:00pm - 12:20pm - Intensive Home-Based Treatment - Stacey D.</p> <p>12:20 - 12:30pm Public Comment</p>
--------	--

Attachments	<a href="#">MSOC IP Summary for Committee</a> <a href="#">HFW Proposal</a> <a href="#">Settlement Agreement Summary</a> <a href="#">SB19-195</a> <a href="#">HB24-1038</a> <a href="#">SB25-292</a> <a href="#">Settlement agreement</a> <a href="#">Charter</a> <a href="#">Colorado System of Care Implementation Plan v 1.0 May 2025</a>
-------------	---

#### Meeting Minutes:

Our mission is to improve health care equity, access and outcomes for people we serve while saving Coloradans money on health care and driving value for Colorado  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)





11am - 11:05am Introduction and September Meeting Minutes Approval - Kelly A.  
John K motioned, Kelly C seconded

11:05am - 11:20am Announcements

- Leadership changes - Cristen Bates (Director, Office of Medicaid & CHP+ Behavioral Health Initiatives & Coverage and Deputy Medicaid Director)
  - Collective “goodbye and good luck” from Committee members to Robert
- New committee structure - Kelly C.
  - Concern about having enough time for public comment, thoughtful for time with new agenda layout
- Workgroup Proposal - Kelly C. / Stacey D.
  - Workgroups have to follow open meeting laws? Yes, including advance notice
  - Are workgroups open to any member of the public who wants to join? Yes, not limited to committee members.
  - Facilitator for each group? No outside facilitator, but workgroups will have staff support by HCPF/BHA, there will be a lead on each committee to keep members on track. Having a lead ensures expertise. State support for each committee, lead will be responsible for “report ups” to other advisory committees
  - Committee Vote: Move forward with workgroup structure or not? A follow-up email will be sent to gauge interest. Tori Shuler motions yes. Ron Li-Law second.
    - Vote passed: Will move forward with the current workgroup structure. Will be able to submit your name and the committee you’re interested in.

11:20am - 11:30am CO-SOC Year One Update - Stacey D.

11:30am - 12:00pm Questions and Answers from Documentation Review

- [NWIC Enhanced High Fidelity Wraparound Fact Sheet release](#)
- [Frequently Asked Questions](#)
- [Provider Fact Sheet](#)
- [HCPF LRFI 5 Youth System of Care](#)
- Q and A
  - Materials will be sent in advance of the next meeting.

12:00pm - 12:20pm - Intensive Home-Based Treatment - Stacey D.

- Is it possible to get a hold of case studies/real-life examples to support the learning of members who are not clinicians with expertise on this? Yes.

Kelli R: Family receiving MST have a practitioner coming into home several times a week,





## C O L O R A D O

Department of Health Care  
Policy & Financing

setting treatment goals, working with family 1:1, intense level of work/care that's more than one day of therapy a week, intimate involvement with the family and available if the family had a crisis event; not just one service provider, multiple support approach

AI: Kelly send subcommittee poll, IHBT research article to committee members

AI: SD to put together real life examples for Kelly to email out

12:20 - 12:30pm Public Comment

- ABA is IBHT model, include really good parent training in the model, ASD/IDD population needs extra support when their child is acting out, specifically with police involvement, reach out to police (blue envelope program) but other resources out there regarding criminal justice system; how much are we investing in true crisis services/wraparound?
- Useful for leadership and those contracted with as well as parents to have infographic clearly stating leadership roles, what different services do, too much information and overwhelming, they don't know how to choose which they need- MST, FFT, EHW, sometimes different modalities of therapy don't work together; center on family needs, don't force a family into a number of hours that are so extreme that we can't braid and blend modalities
- This seems to follow a treatment model rather than a person-centered model. Are we able to shift more to person-centered? Capacity, capability, etc. are important to think about.
  - Stress the importance of the individual care plan where families get to decide/have a say. Should be individualized based on their wants and needs. MST/FFT are more prescriptive so we're working on this.
- Starts with referral and screen/assessment then moves to HFW. An infographic should be helpful with illustrating this. HFW should be visualized as a process, not treatment. The goal is to engage people in a process by building out a team based on individualized and family-specific needs. The referral process will then align with this. MST/FFT and HFW come into play as treatment modalities within this process.
- Important to incorporate family feedback in this process. What is/isn't working and what are the recommendations? Family should be considered experts and can offer important insight. How can we get family buy-in?
- Need to think about younger children and their families. The age range for MST/FFT is 11-12. Need additional programming for support before they reach this age. It is important to build out an array of services.

