COLORADO
Department of Health Care Policy & Financing

September 18, 2025 Meeting Information		
Topic	Colorado System of Care Implementation Advisory Committee	
Chairs	Robert Werthwein, Jamie Ulrich, Kelly Causey	
Facilitator	Stacey Davis and Kelly Aaronson	
Location, Date, Time	Public registration for zoom meeting Registration Link	Thursday September 18, 2025 -11:00- 12:30 Committee members emailed panelist zoom link
Members	• Robert Werthwein - 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 • Cara Cheevers - Division of Insurance • 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 • Kelli Reidford (Meredith Villiers) with BHA sat in)- Behavioral Health Administration • Kerry Swenson - Advocate 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. • • • **VACANCIES** • Colorado Department of Public and Environmental Affairs

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	11am - 11:05am July Meeting Minutes Approval - Kelly A. 11:05 - 11:15am Announcements - CO-SOC Website updates - Kelly A. - Workforce Capacity Center Announcement - Robert - Enhanced High Fidelity Wraparound NWIC with WCC Update - Mary Kay and Kelli R. 11:15 - 11:25am CO-SOC Year One Update - Stacey 11:25 - 11:35 Implementation Plan Appendix J for Committee Prioritize (Section 3.4.2 Intensive Care Coordination page 28 and Section 3.5.4 Agency Roles page 47) - Robert 11:35am - 11:50pm High Fidelity Wraparound 24/7 On Call Discussion - Stacey, Jamie, Robert, Kelli R. - 24/7: the NWIC EHFW facilitator needs to meet with the family within 24 hours of a crisis and pull the Wraparound team together within 72 hours to make adjustments to the crisis plan and subsequent plan of care based on the crisis issue (this is trained and coached by NWIC). - Question for the Advisory Committee - How do we, as a state, meet this expectation and have a consistent standard? What are other proposed solutions? 11:50 - 11:55pm - National Best Practices relating to crisis events for members in a System of Care - Suzanne Fields 11:55pm - 12:10pm - CO-SOC Readiness activities and RAE Network Development - Stacey and RAEs 12:10 - 12:20pm - Definition of Intensive Home-Based Treatment and Next Steps - Stacey (if time allows) 12:20 - 12:30pm Public Comment

Attachments	MSOC IP Summary for Committee HFW Proposal Settlement Agreement Summary SB19-195 HB24-1038 SB25-292 Settlement agreement Charter Colorado System of Care Implementation Plan v 1.0 May 2025

Minutes:

- July Meeting Minutes- John K. approved, Robert W. seconded
- Announcements:
  - CO-SOC website updated from IBHS to CO-SOC
  - WCC Announcement, Robert W.
  - BHA is actively working on interagency draft and with SAMHSA, no notice of award for year 2 but expecting to receive it in the next two weeks, once we get the notification we can move forward with interagency agreement with CSU
    - Marc Winokur- Co-Director of Workforce Capacity Center (WCC) at CSU, reflect on question about ability to provide supports for individuals going through trainings, we have funding in the WCC budget for that purpose, we also have additional supports for sites for their startup operations; we have a robust budget to support sites, supervisors and facilitators to go through training and get up to speed with CO-SOC
- Stacey D.:
  - Year one of CO-SOC- NWIC offering 3-day training for Intro to Wraparound, working on Readiness activities including Potential Provider Forums, EMST, EFFT, and bringing in national experts for these models to learn more about evidence based practices; continuing forums from Oct 25-Jan 26; RAEs are actively working with identified populations to identify potential CO-SOC youth in Year One, tracking on bi-weekly basis and moving towards every week in October; working policy group meeting bi-weekly discussing intersectionality of QRTP/PRTF Providers, RAEs, and HCPF.
  - How can we be kept updated on work being done through the policy group meeting bi-weekly? Outside of very specific individual situations that are happening, how do we help influence what policy looks like?
    - July 1 was launch of the fiscal year that we were allowing RAEs to start, they have providers ready but are still working out readiness stuff, no children have been served yet under the structure but a few RAEs are ready to go and get started; we can share policy items but confirming with the contracts team (transmittal); putting something together for providers to understand what is entailed in becoming EHFW provider

- Providers appreciate collaboration with RAEs; providers are asking about the requirement from NWICs model, the inability to have mixed case loads, has that been discussed?
  - HCPF having conversations with NWIC and there is a willingness to allow NWIC coordinators to perform other functions; they have hesitation if providers are doing NWIC and other care coordination, you will start diluting fidelity to NWIC so not other care coordination but other functions may be allowed; multi-function FTE.
  - Are we thinking about utilization for a data dashboard at how the department is using claims and utilization data? How does that interact with data from the BHA to best inform how we are identifying and serving kids?
    - Currently working with SME to develop a quality metrics plan, planning to collect data and have a dashboard, started but not our highest priority right now; tracking claims and encounters for any child in SOC.
  - Explanation of how the crisis system interacts with the SOC, 24 hour on call requirements, level-set on national best practices for crisis events; when you have a HFW coordinator within a SOC, they need to be looped in, systems need to talk- how does it happen where HFW coordinator is notified within 72 hours?
    - NWIC does not require their team of facilitators to be on call 24/7, they do have response time though- facilitator needs to meet with a family within 72 hours of a crisis and bring team together within 72 hours to reevaluate
    - How does the coordinator know a crisis has occurred, how does the crisis system know that a kid's in the SOC, how do we meet this requirement so that SOC coordinators are not on call 24/7? Rely on parents who may not understand the two systems?
    - With EHFW in the NWIC model, there is a family and child treatment team facilitated by EHFW facilitator, individualized care plan, crisis planning, safety plans, treatment plans, etc. about the connection between leveraging 988 and statewide crisis system and f/u to a crisis; we don't expect a family to notify everyone, we are trying to decrease family responsibility in a time of crisis
    - Suzanne Fields- I am not representing NWIC but it is responding to the family within 24 hours, not at the convenience of the provider
    - So we still have this challenge in front of us, proposal was originally to have some capacity for HFW to be notified of a crisis, but that would require someone being on call 24/7 to receive notifications, MST being 24/7 as well- we still need to figure out HFW being 24/7
- Not the purview of this group to use this time to address operational questions- very specific details still need to get figured out; right now, focus on the challenge

for provider system; children and families are going to be connected to a care coordinator, most families that nationally come in don't have trust in the system or system providers, they aren't coming ready to engage more providers, relationship with care coordinator is important; as the team develops the child and family do have stronger relationships with certain members of the team- mentor- who they call in a crisis, developed in the safety plan; other systems experiences-

- Once a team is working, there aren't a lot of other after hours crisis calls- they may more in the beginning but as the plan is in place, care coordinator and the team will know so much about the needs of the child, they will serve as a tremendous resource to the crisis team trying to piece together how to stabilize the child and inform and support how to stabilize the family, expertise in the facilitator is important and reinforces and supports keeping the child at home
- States approach- don't burnout staff, rotation, not a lot of calls but as you take shape in more of a regional approach, your mobile crisis response team will understand who to contact, systems that will tell a family that they are putting an alert out in case the crisis comes, prepare crisis response team

- AI: Follow up with BHA to present status of crisis system in March, how it fits/doesn't fit versus what we have and what we need, send document out for further feedback
- AI: How are other states operating in terms of crisis events for SOC?
- AI: Tri-chairs meet and discuss what people's options are regarding frequency and length of this meeting and may take a virtual vote in between meetings
  - Send a doodle poll for those who want to talk about HFW steps, appendix J, other outstanding agenda items
- Feedback: Workgroups will be helpful, looking forward to moving forward